CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: Computers Comput	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address
Robin WARREN 1	0190 W. Fox Brush Dr. Bosse ID 83709
3. The general type of business transacted ur (mark only those that apply) Retail Trade	
correspondence should be addressed: Lobin Warden LO190 W. Fox Brush Dr. Boxse ID 83709 5. Name and address for this acknowledgment copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080
	Secretary of State use only IDANO SECRETARY OF STATE
Signature:	IDAHO SECRETARY OF STATE 11/07/2000 09:00
Printed Name: ROBIN WARREN	LK: 1855 CT- 138200 BU. 380814
Capacity: Owner Operator (see instruction # 8 on back of form)	1 2 28.88 = 29.89 ASSUM NAME # 2

D 40346