

Capacity/Title: OWN ER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 09 MAY 21 AM 8: 54 submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

The true name(s) and business address(es) business under the assumed business name	• • • • • • • • • • • • • • • • • • • •
Name Ron G. Sowers	Complete Address 1618 e. 1st ave Post Falls Id 83854
3. The general type of business transacted und  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Printer & Computer Tech Services  1618 e. 1st ave  Post Falls Id 83854	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgment is (if dimethan # 4 above):	Secretary of State use only  9800000000000000000000000000000000000

D 130895