

Printed Name: 14/5

Capacity/Title: M

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	CERTIFICATE OF ASSUMED BUSINESS	NAME Undersigned Siness Name.
	Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus	undersigned AH 8.45
Please type or print legibly. NOTE: See instructions on reverse before filing.		
1. The a	assumed business name which the under less is:	rsigned use(s) in the transaction of
	ragin Computers	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:		
/ 11	Name	Complete Address
V	1115 Carrey	7655 E 3700 N
	,	Twin Falls DD 83301
3. The general type of business transacted under the assumed business name is:		
corre	Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate name and address to which future spondence should be addressed: Santa Runa 6 E Santa Runa 70 93625	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	ne and address for this acknowledgment is (if other than #4 above); Compute	2089414224
	665 E3700 Q in Fills TO 93301	Secretary of State use only
Signature:_	94 9	as and see the see that

g.Noorp:formstadn: fernis

IDAHO SECRETARY OF STATE

06/24/2004 05:00

CK: 1003 CT: 158010 BH: 752103

1 0 25.00 = 25.00 ASSUM NAME # 2

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