Capacity: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned AM IO: 34 gives notice of adoption of an Assumed Business Name of the STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: COMPUTER DOCTOR THE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address KEITH S. MILLARD 3400 W. ECHO DR- 165T FAUS. 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 208-773-7/34 4. The name and address to which future correspondence should be addressed: KEITH S. MILLARD Submit Certificate of Assumed Business 3400 W. ECHO DR. Name and \$20.00 fee to: POST FALLS, IDA. 83854 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Signature: Printed Name: KEITH S. MILLARD corptforms\abou.pm6