Signature:

Printed Name:

(see instruction # 8 on back of form)

Capacity: Y

IFICATE OF ASSUMED BUSINESS. (Please type or print legibly. See instructions on reverse.) 90 JUN-9 4M 9:51 CERTIFICATE OF ASSUMED BUSINESS I 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. The assumed business name which the undersigned use(s) in the transaction of business is: ComputerLand 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 710au Complete Address MacMillian + MacMillan Unde Boise 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 Agriculture Wholesale Trade Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): (208) 34 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 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 Secretary of State use only # IBANO SECRETARY OF STATE

20.00 = 20.00 ASSUM HAME