

Capacity/Title: () NeR

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

PLED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

112 DEC 11 PM 2: 06

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

STATE OF IDAHO

	OTHE OF IDANO
The assumed business name which the undersigned business is: Direct Tech Sales	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Charla M. Bricker 966	entity or individual(s) doing Complete Address Malad J+. Botse, To 83709
3. The general type of business transacted under the	assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
5. Name and address for this acknowledgment	· · · · · ·
COPy IS (if other than # 4 above):	208-713-4000
	Secretary of State use only
Signature: Signature required Printed Name: Chalam, Bricker	IDAHO SECRETARY OF STATE 12/11/2002 05:00