CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
(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 gives notice of adoption of an Assumed Business Names Tate of IDAHO	
1. The assumed business name which the undersigned use(s) in the transaction of business is: SCCS - Starman Computer Consulting & Services	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address	
David Starman	1541 Westland Ave, Talako Falls, ID, 85702
The general type of business transacted (made only those that apply)	under the assumed business name is:
☑ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities ☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate ☑ Services ☐ Construction ☐ Mining	
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208-524-1716
Naved Starman , 1841 Westland Ave	Submit Certificate of Cartificate of
5. Name and address for this acknowledge copy is (Father than #4 above):	Secretary of State 700 West Jefferson Po Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Pard Sta	IDAHO SECRETARY OF STATE
Printed Name: David Starman	62/23/1998 69:60 (K: 165 CT: 63434 BH: 84152
(see instruction # 8 on back of form)	1 8 28.00 = 28.00 ASSUM NAME

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