



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)

FILED/EFFECTIVE

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.

DEC 14 AM 10:00

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Convergent Solutions

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 Dr. Michael A. Power Complete Address 235 E. 20th Street, Idaho Falls 83404

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208 522-2115

Dr. Michael A. Power
235 E. 20th Street
Idaho Falls, ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State use only

IDAHO SECRETARY OF STATE

12/14/2000 09:00
CX: 512 CT: 139625 MH: 366668

1 @ 20.00 = 20.00 ASSUM NAME # 2

D41187

Signature: [Signature]

Printed Name: Michael A. Power

Capacity: President

(see instruction # 8 on back of form)