## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FECTIVE To the SECRETARY OF STATE, STATE OF IDAHO, Pursuant to Section 53-504, Idaho Code, the undersigned PN 100

	gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the ubusiness is:	•	Second the transaction of
	Software Certific	ation	Institute
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	<u>Co</u>	mplete Address
	Futuro Networking & Training L.L. E. W7491	10790 ( Dase,	W. Victory Rd ID 83709
3.	The general type of business transacted under the assumed business name is:  (mark only those that apply)		
	Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Fir	ansportation and Public Utilities nance, Insurance, and Real Esta ning
4.	The name and address to which future		
	10790 W. Victory Pd Boise, ID 83709		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	Maria L. Gianan		Secretary of State
_		4	700 West Jefferson
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Basement West PO Box 83720
			Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		12/99	IDAHO SECRETARY OF STATE
Signatu	ure: Maria Vicana	Ravision 12/99	<b>06/15/2000 09:00</b> CK: 1221 CT: 124755 BH: 326693
Printed	Name: Maria L. Horain	, S	1 8 28.00 = 29.00 ASSUM NAME # 2
Capaci	ty: Manager	Voorptromstabn.p65	36647
	(see instruction # 8 on back of form)	J:\corp	