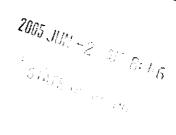


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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



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

Computer Medics of Sandpoint	
The true name(s) and business address(es) of business under the assumed business name:     Name     Gary A. Lee	of the entity or individual(s) doing  Complete Address  526C Pine Street, Sandpoint, ID 83864
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Gary A. Lee  526C Pine Street Sandpoint, ID 83864  5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
ignature:    Jay   Jay	IDANO SECRETARY OF STATE <b>96/92/2005 95:0</b> 1 CK: 1101 CT: 158010 BH: A137

CK: 1101 CT: 158010 BH: 813785 1 0 25.00 = 25.00 ASSUM NAME # 2