

FILED EFFECTIVE



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.

2005 JUN -2 10:16
STATE OF IDAHO

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

Computer Medics of Sandpoint

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Gary A. Lee

Complete Address

526C Pine Street, Sandpoint, ID 83864

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

(208) 610-8466

Secretary of State use only

Signature: _____

Gary A. Lee
(signature required)

Printed Name: _____

Gary A. Lee

Capacity/Title: _____

owner

(see instruction # 8 on back of form)

g:\ccp\forms\abn forms\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
06/02/2005 05:00
CK: 1101 CT: 150010 BH: 013765
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 88 376