

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

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

FILED EFFECTIVE 2005 MAR 23 AM 8: 50

submits for filing a certificate of Assumed Business Name.

STATE OF IUAHO

The assumed business name which the undersigned use(s) in the transaction of business is:	
PERSONAL COMPUTER	KEPAIK
2. The true name(s) and business address(es) of the end business under the assumed business name: Name DIANE Jean CLeveland 214 54	Complete Address
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Dianc J. Cleveland Po. Box 992 Salmon Iolaho 83467 Salmon Iolaho 83467 Salmon Iolaho 83467	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 Phone number (optional):
	Secretary of State use only
Signature: 1 Chouchard Signature required) Printed Name: 1 Chouchard	Georgian y or state and only

IDAHO SECRETARY OF STATE

43/23/2005 05:00

CK: 8459 CT: 158810 BH: 888225

1 8 25.00 = 25.00 ASSUM NAME # 2