



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.

FILED EFFECTIVE

2004 JUN 15 AM 8:26

2004 JUN -4 AM 8:51

STATE SECRETARY OF STATE STATE OF IDAHO

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

Sharp Solutions

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

<u>Name</u>	<u>Complete Address</u>
<u>Michael H. Sharp</u>	<u>3148 Woodbrook Pl., Boise, Id 83706</u>
_____	_____
_____	_____

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:

Michael H. Sharp
3148 Woodbrook Pl
Boise, Id 83706

Submit Certificate of Assumed Business Name and ~~\$20.00~~ fee to:
25.00
 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):
208-344-0689

Signature: Michael H. Sharp
 Printed Name: Michael H. Sharp
 Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn_forms\abn.p65 Revised 1/2/2001

IDAHO SECRETARY OF STATE
 06/15/2004 05:00
 CK: 2006 CT: 150010 BH: 750496
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 77288