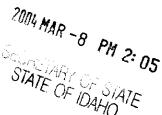


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



A&E (Computers	
2. The true name(s) and business address(e business under the assumed business name Name Angela Bartlett	me:	entity or individual(s) doing Complete Address 2 Cedar Street, Wallace, ID 83873
3. The general type of business transacted u		
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Angela R. Bartlett 512 Cedar Street Wallace, ID 83873 5. Name and address for this acknowledgm		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):
COPY IS (if other than #4 above):		208-556-0775
		Secretary of State use only
gnature: <u>Angela Ray Hett</u> inted Name: <u>Angela RBARHET</u>	Corpiforms lebn. forms lebn. p65 Revised 04/2003	073960
apacity/Title: (see instruction #8 on back of form)	g:\corp\fo	IDAHO SECRETARY OF STATE 93/99/2004 95 = CK: 1558 CT: 158018 BH: 73 1 8 25.00 = 25.00 ASSUM MA