



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 JUN 14 AM 9:15

SECRETARY OF STATE

STATE OF IDAHO

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

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

STARLA'S ORGANIZATIONAL SERVICES

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

Name

STARLA IC Prasad

Complete Address

2018 N 13th ST

ROHIT PRASAD

CDW, ID 83814

208-964-0774

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:

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):

208 964 0297

Secretary of State use only

0100882

Signature: Starla Prasad

(signature required)

Printed Name: STARLA IC PRASAD

Capacity/Title: OWNER

(see instruction # 8 on back of form)