



# 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**

2002 SEP -3 PM 2:39

SECRETARY OF STATE  
STATE OF IDAHO

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

LAPTOPOLIS

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

Name

Complete Address

Barbara R Bacon

225 CLEAR SPRINGS DR. TWIN FALLS, ID

WILLIAM G BRADFORD W

266 SAGE MEADOW TWIN FALLS, ID

COLLIN S REYNOLDS

3082 WOOD RIDGE DR TWIN FALLS, ID

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

- |  |  |
|--|--|
| <input checked="" 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:

BARBARA R BACON  
225 CLEAR SPRINGS DR.  
TWIN FALLS, ID 83301

Submit Certificate of Assumed Business Name and **\$20.00** 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):

SAME

Phone number (optional):

208-733-9411

Secretary of State use only

Signature: Barbara R Bacon

(signature required)

Printed Name: BARBARA R BACON

Capacity/Title: OWNER/COMPTROLLER

(see instruction # 8 on back of form)

g:\corpforms\abn form\abn.p65  
Revised 07/2002

IDAHO SECRETARY OF STATE  
09/04/2002 05:00  
CK: 1434 CT: 158810 BH: 486895  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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