



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name

99 MAR -8 AM 11:15
SECRETARY OF STATE
STATE OF IDAHO

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

COPY TECH

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

<u>Name</u>	<u>Complete Address</u>
<u>TONY SCIALDONE</u>	<u>PO BOX 814</u>
	<u>FRUITLAND, ID 83619</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

TONY SCIALDONE
PO BOX 814
FRUITLAND ID 83619

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):

Signature: Tony Scialdone

Printed Name: TONY SCIALDONE

Capacity: PRESIDENT

(see instruction # 8 on back of form)

Revision 1/98 g:\comp\forms\abn.p85

Secretary of State use only
IDAHO SECRETARY OF STATE

03/08/1999 09:00
CR: 9115 CT: 112178 DN: 194674
1 @ 20.00 = 20.00 ASSUM NAME # 2
D 23826