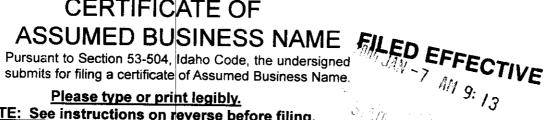


CERTIFICATE OF



D 71930

NOTE: See instructions on reverse before filing.

1. The assumed business name which the un business is: AA PC Repair	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name	S) of the entity or individual(s) doing ne: Complete Address 219 N 4+1 W Homedale ID 83628
Wholesale Trade Construction Services Agriculture Manufacturing Mining 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
Haron Granden FO Box 832 Homedale DO 83628 5. Name and address for this acknowledgment copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: (signature required) Printed Name: Agree Granden	Secretary of State use only 59d vdps sund vdp
Capacity/Title: Owner	CK: 119 CT: 158818 BH: 728386 1 8 25.88 = 25.89 ASSUM NAME # 2
(see instruction # 8 on back of form)	Ö