



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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.

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

David's Computer Solutions

00 JUL -7 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

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

Name	Complete Address
<u>William David Jons</u>	<u>545 N. Meadowview P.O. Box 157,</u> <u>Armo, Idaho 83214</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): 208-254-3681

William David Jons
545 N. Meadowview - P.O. Box 157
Armo, Id. 83214

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- _____

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

Signature: David Jons

Printed Name: David Jons

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only
IDAHO SECRETARY OF STATE

07/07/2000 09:00
CK: 8510006888 CT: 133251 BH: 331805

1 @ 20.00 = 20.00 ASSUM NAME # 2

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