

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 business is:

EXTENDED MEMORY

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>PAMELA K. PAGE</u>	<u>2311 E. AMITY AVE, NAMPA, ID</u>
<u>LAURA RIDGE</u>	<u>820 13TH AVE. So., NAMPA, ID</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): 465-0173

Extended Memory
524 3rd St. South #129
Nampa, ID 83651

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

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 05/14/1997
0900 92581 2
CK #: 7983 CUST# 81398
ASSUM NAME 10 10.00= 10.00

: D 4486



97 MAY 14 AM 10:04
SECRETARY OF STATE
STATE OF IDAHO

0900 DATE 05/14/1997
CK #: 5665 CUST# 81398
ASSUM NAME 10 10.00= 10.00

Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)