<u> </u>	·····			
	CERTIFICATE	OF		
	ASSUMED BUSINESS NAME		E 2009 JAN 20	AM 9:5
	Pursuant to Section 53-504, Idaho C	code, the undersig	ned	
NO FOL	submits for filing a certificate of Assu			OF STATE
N	Please type or print legil IOTE: See instructions on reverse		STATE OF	IDAHO
	assumed business name which the ness is:	he u <b>ndersigne</b> Computer Smart	d use(s) in the transaction of	
. —	· · · · · · · · · · · · · · · · · · ·			l
	true name(s) and business addm ness under the assumed busines			
	Name		Complete Address	
	John P Garcia	and the second s	verside Harbor Drive, Post Falls, ID	enere 👖
· · · · · · · · · · · · · · · · · · ·	Michele L Garcia	805 S. Riv	805 S. Riverside Harbor Drive, Post Falls, ID 83854	
4. The corr	general type of business transact Retail Trade Transpo Wholesale Trade Constru- Services Agricult Manufacturing Mining Finance, Insurance, and Real E name and address to which future espondence should be addressed 5 S. Riverside Harbor Drive st Falls, ID 83854 me and address for this acknowle	rtation and Put ction ure state e t: 		
	DY ÎS (if other then # 4.ebove):	- 		
Signature: Printed Na	(signature required)	maludin formulatif, 2005 meladin formulatif, 2005	Secretary of State use only	-
Capacity/1	itie: Owner (see instruction # 8 on back of form)		1091/21/2903 CK: 1745 CT: 158010 1 8 25.00 = 25.00	9 95 : 99 9 81: 1153158 Assum wave #