CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

JAN 31 AM 10:51

SECRETARY OF STATE
STATE OF IDAHO

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

   Capital Printing and Distributing

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

Name	Complete Address
Kevin Christopherson	1003 Clithero Dr.
	Boise Id 83703

3. The general type of business transacted under the assumed business name is:

- [x] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

4. The name and address to which future correspondence should be addressed:

   Same as above

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

Phone number (optional):

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: Kevin Christopherson
(signature required)

Printed Name: Kevin Christopherson

Capacity/Title: President / Owner
(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65
Revised 09/2002

Secretary of State use only

IDAHO SECRETARY OF STATE
01/31/2003 05:00
CK: 1125 CT: 158010 BH: 668295
1 @ 20.00 = 20.00 ASSUM NAME # 2

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