

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



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

99 FEB -3 AM ID-

SECRETARY OF STATE
STATE OF IDAHO

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

DISCOUNT LASER & COPIER SUPPLY

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

ROBERT L. BOLTON

Complete Address

P.O. Box 1815 HAILEY ID 83333

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" 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 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): _____

ROBERT L. BOLTON

P.O. Box 1815

HAILEY ID 83333

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: Robert L. Bolton

Printed Name: ROBERT L. BOLTON

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/87

g:\corpform\albn.pms

Secretary of State use only
IDAHO SECRETARY OF STATE

02/03/1999 09:00

CK: 3661 CT: 110597 BH: 184653

1 @ 20.00 = 20.00 ASSUM NAME # 2

022788