

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SECRET OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the und- business is:      Mitch'S Tech, Support	ersigned	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Mitch Eckhardt	∋:	ntity or individual(s) doing <u>Complete Address</u> 9th Ave 5 Jhonga TD 8365 i
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Mitch Eddhardt  503 9th Le S Numpa TD 8365/		
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt	Phone number (optional):
Signature: Match Eckhard  Printed Name: Mitch Eckhardt  Capacity/Title: Owner  (see instruction # 8 on back of form)	g.\corp\forms\abn forms\abn p65 Revised 04/2003	Secretary of State use only  IDAHO SECRETARY OF STATE  12/01/2004 05:00  CK: CASH CT: 158818 BH: 779344  1 @ 25.00 = 25.00 ASSUM NAME # 2
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