CERTIFICATE OF	
ASSUMED BUSINESS N	
Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin	indersigned
<u>Please type or print legibly.</u> NOTE: See instructions on reverse before	filing.
	STATE 100
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Systems	West.
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name: <u>Name</u>	Complete Address
VINCENT PICARd	1070 W. HonKER DR.
	MERIDIAN, ITO 83642
· · · · · · · · · · · · · · · · · · ·	
3. The general type of business transacted unde	er the assumed business name is:
Retail Trade Transportation a	nd Public Utilities
Wholesale Trade Construction Services Agriculture	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Uncent PICARC	PO Box 83720 Boise ID 83720-0080
MERIDIAN ID 8364/2	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-941-6824
·	
	Secretary of State use only
Signatura:	
Signature: Cont	1DAHO SECRETARY OF STATE 10/02/2001 05:00 CK: CASH CT: 151990 BH: 422222 1 0 20.00 = 20.00 ASSUM NAME #
Printed Name: <u>VINCENT FICAR</u>	10/02/2001 05:00 CK: CASH CT: 151990 BH: 422222 10 20.00 = 20.00 ASSUM NAME #
Capacity: <u>OWNER</u> (see instruction # 8 on back of form)	
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