acet. 1362803

| $\alpha \alpha $ | |
|--|--|
| CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) | |
| 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. | |
| 1. The assumed business name which the undersigned use(s) in the start saction of business is: CYBER SOLVERS | |
| The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | |
| DONALD D. CASPER | Complete Address 565 BOBULING IDANO FACE, ID. 83401 |
| | |
| Monna J. CASPER | 565 BOB-O-lipk Idako Falls Tol Bill) |
| 3. The general type of business transacted under the assumed business name is: (mark only those that apply) | |
| Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction | Finance, Insurance, and Real Estate |
| 4. The name and address to which future Phone number (optional): 208-529-3072 correspondence should be addressed: | |
| DONALD D. CASPER | Submit Certificate of |
| | Assumed Business |
| 565 BOB-O-LINK | Name and \$20.00 fee to: |
| IDAHO FAUS, ID. 83401 | Secretary of State 700 West Jefferson |
| 5. Name and address for this acknowledgme | |
| COPY IS (if other than # 4 above): | PO Box 83720 Boise ID 83720-0080 |
| | 208 334-2301 |
| | |
| | Secretary of State use only IDAHO SECRETARY OF STATE |
| | 8 45/20/000 |
| Signature: Donald D. Carpy | CX: 675568 CT: 138778 BH: 315871 1 8 28.88 = 28.88 ASSUM MANE # 2 |
| Printed Name: DONALD D. CASPER | 1 |
| Capacity: OWNER | J 35621 |
| (see instruction # B on back of form) | 0 |