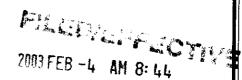


CERTIFICATE OF ASSUMED BUSINESS NAME

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



Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filin	STATE OF IDAHO
 The assumed business name which the undersign business is: 	
BARKER 2K. Com Techn	vology Consulting
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tim Breker 293 Longa Breker 193	Complete Address
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 2938 TATTENHAM PAVE BOISE, ID 83713 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 Phone number (optional):
	Secretary of State use only
Signature: Signature (signature required) Printed Name: Tim BARKER Capacity/Title: Owner	TRAMO CECOSTADA DE OTATO

IDAHO SECRETARY OF STATE
02/04/2003 05:00
CK: 2738 CT: 158010 BH: 660823
1 0 20.00 = 20.00 ASSUM NAME # 2

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