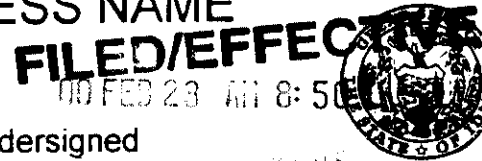


CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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 transaction of business is:

COMPUTER TRAINING SOLUTIONS

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

Name

Complete Address

COMPUTER TRAINING SOLUTIONS

508 THAIN ROAD LEWISTON ID 83501

MARTHA BROOKS

620 VALLEY VIEW COLFAX, WA 99111

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

- | | | |
|--|--|--|
| <input 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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

COMPUTER TRAINING SOLUTIONS

508 THAIN ROAD

LEWISTON ID 83501

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

IDAHO SECRETARY OF STATE

Secretary of State use only
02/28/2000 09:00
CX: 1922 CT: 127312 BH: 293701

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Martha Brooks

Printed Name: MARTHA BROOKS

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97

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