

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 01 JUL 15 AM 9: 24

FILED/EFFECTIVE

STATE OF IDAHO

## Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:	
The Computer Connec	tion
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address  God Shasta Aven Post Tally 19884  3. The general type of business transacted under the assumed business name is:	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Addressed:  God Shasta Ave  Tost Talls ID \$3854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (f other than # 4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only
Signature:  Printed Name:  Capacity:  (see instruction # 8 on beck of form)	IDAHO SECRETARY OF STATE 97/17/2001 05:00

CK: 2987 CT: 148857 BH: 408097 1 0 20.00 = 20.00 ASSUM NAME # 2

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