Printed Name

(see instruction # 8 on back of form)

Capacity:

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 99 M89 29 Att 9: 21 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 Icons The Meeting Plane 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 Icons Computer Storelle 175 Nandfost Montain Horo ID 3. The general type of business transacted under the assumed business name is: Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): __ correspondence should be addressed: ennifer Chidester Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson COPY is (if other than # 4 above): Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 I MARY SECKETIANTE USTATE IV 11/29/1999 09:00 CK: 4517 CT: 123479 BH: 269420 Signature: 1 8 28.00 = 20.00 ASSUM NAME # 2

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