

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE 06 APR 19 PM 12: 55

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

SECRETARM OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: Bear IT Design and Photo	
The true name(s) and business address(es) of the business under the assumed business name: Name Michael H. Luque	ne entity or individual(s) doing Complete Address 208 Winged Foot Pl. Eagle, ID 83616
3. The general type of business transacted under the	
Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: Printed Name: Michael H. Luque Capacity/Title: Owner	Secretary of State use only
Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 94/19/2006 95:00 CK: 5594 CT: 158010 BH: 950106 1 0 25.00 = 25.00 ASSUM MANE # 2