

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

**FILED EFFECTIVE** 

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

2013 MAR 28 AM 9: 04

## Please type or print legibly. Instructions are included on back of application.

TNC Specialties!  The true name(s) and <u>business</u> address(abusiness under the assumed business na	es) of the entity or individual(s) doing
<u>Name</u> Connie R Clary	Complete Address
Todd G Clary	5368 W Delaware Spirit Lake Id 83869
Todd C Olary	5368 W Delaware Spirit Lake Id 83869
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Connie R Clary	Secretary of State 450 North 4th Street
P.O.Box 3 Spirit Lake Id 83869	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
nature:	Secretary of State use only
nature:	
nted Name:	IDAHO SECRETARY OF STATE 03/28/2013 05:0
nacity/Title:	CK: 2270 CT: 281242 BH: 13666

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