



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filling.

08 OCT 20 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Rivers End Bookkeeping Services

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

Name

TKS Financial Services LLC

Complete Address

310 E. 4th Ave

P.O. Box 275 Clark Fork, ID 83811

- 3. The general type of business transacted under the assumed business name is:**

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

TKS Financial Services LLC

P.O. Box 275

Clark Fork, ID 83811

**Submit Certificate of
Assumed Business
Name and \$25.00 fee to:**

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same

Signature:

Thomas A. Shields

(signature required)

Printed Name: _____

Thomas A. Shields

Capacity/Title:

Member

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2002

IDAHO SECRETARY OF STATE
10/20/2008 05:00
CK: 101 CT: 230692 BH: 1140764
1 @ 25.00 = 25.00 ASSUM NAME # 3

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PERFECTIVE