

## **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

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

this the undersigned upo(s) in the transaction of	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
TOU-CAN LITE	
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>	
Name	Complete Address
Crain R. Shepherd P.	0. BOX 655
Talin Falls ID. 83303	
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade X Construction	
Services Agriculture	Submit Certificate of
	Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Tour cont Tile	PO Box 83720
TOUTHU CITE	Boise ID 83720-0080
P.O. BOX 655	208 334-2301
Twin Falls, ID. 83303	I I
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above):	
0 2 2 1 1	
Craig K. Shephera	G
3686N. 2710E	Secretary of State use only
Twin Falls, 70. 83306	
dugs	
Signature: (signature required)	
Printed Name: Craig R. Shepherd	
407	AP ATATE
Capacity/Title: <u>Cwner</u>	IDAHO SECRETARY OF STATE 06/27/2005 05:00
(see instruction # 8 on back of form)	CK: 4468 CT: 158010 BH: 81834

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