

Capacity/Title: <u>Uwner</u>

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 10 AUG 24 AM 8: 14

Pursuant to Section 53-504, Idaho Code, the undersigned

<b>103</b>	submits for filing a certificate of Assumed Business N  Please type or print legibly.  NOTE: See instructions on reverse before filing.	STATE OF IDAHO
1.	The assumed business name which the undersigned business is:  C?T Services	ed use(s) in the transaction of
2.	The true name(s) and business address(es) of the business under the assumed business name:  Name  Latrick Thometz 2111	Complete Address
4.	The general type of business transacted under the  Retail Trade Transportation and Put Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  PATRICK Thometz - CPT Services  Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720
		Secretary of State use only
Signa	ed Name: PATRICE Thomats  PATRICE Thomats  The second seco	DILLIU 20  IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

08/24/2010 05:00

CK: 8388 CT: 232947 BH: 1235992
1 8 25.00 = 25.00 ASSUM NAME # 2