

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 SEP -2 AM 9: 08

SECRE GY OF STATE STATE OF IDAHO

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

	TG Cycles
The true name(s) and <u>business</u> address business under the assumed business n <u>Name</u> Larry Lang	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted ☑ Retail Trade ☐ Transportat ☐ Wholesale Trade ☐ Constructio ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: STG Cycles 2568 Carrousel Circle Twin Falls, ID. 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgn copy is (if other than # 4 above):	ment - -
	Secretary of State use only
gnature: Tay May	-
nted Name: Larry Lang	<u>-</u>
pacity/Title: Owner	_
nature:	
nted Name:	CK: 1036 CT: 262133 BH: 128902 1 8 25.00 = 25.00 ASSUM MANE
pacity/Title:	

abn.pmd Rev. 07/2010

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