



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 filing.

FILED EFFECTIVE
2006 APR 26 AM 9:26
SECRETARY OF STATE
STATE OF IDAHO

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

T & K Technology

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

Name

Complete Address

Harold T Sanders

6625 South 12th West Idaho Falls ID 83402

Kristine Sanders

6625 South 12th West Idaho Falls ID 83402

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

% Kristine Sanders T & K Technology

6625 South 12th West ~~Idaho Falls ID 83402~~

Idaho Falls ID 83402

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Secretary of State use only

Signature: _____

Harold T Sanders
(signature required)

Printed Name: _____ Harold T Sanders

Capacity/Title: _____ member

(see instruction # 8 on back of form)

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Revised 04/2003

D 99192

IDAHO SECRETARY OF STATE
04/26/2006 05:00
CK: 5783 CT: 199650 BH: 951441
1 @ 25.00 = 25.00 ASSUM NAME # 2