

FILED EFFECTIVE

227



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.

2012 AUG -6 PM 2:05
SECRETARY OF STATE
STATE OF IDAHO

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

TK Solutions

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

Name

Tom Čerovski

Complete Address

27 South Fork Dr., Lowman, ID 83637

- 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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |
- Submit
 Assume
 Name:

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

Tom Ceroyski
27 South Fork Dr.
Lowman, ID 83637

**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):

Legalzoom.com, Inc. c/o Karla Figueroa
101 N. Brand Blvd., 10th Floor
Glendale, CA 91203

Phone number (optional):

208-573-0781

Signature: X [Signature]

Colorimetric results

Printed Name: Tom Cerovski

Capacity/Title: _____ Owner _____

(see instruction #8 on back of form)

Secretary of State use only

D 157345

IDAHO SECRETARY OF STATE
 08/07/2012 05:00
 CK: 1089721 CT: 172899 BH: 1335005
 1 @ 25.00 = 25.00 ASSUM NAME # 2