

Signature:

Printed Name:

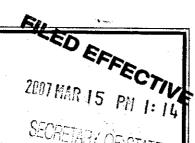
Capacity/Title:

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.



1. The assumed business name which the undersigned use(s) in the transaction of business is: Tim Shaw & Associates 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 Timothy L. Shaw 1742 Targhee Dr., Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining 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** TS&A PO Box 83720 Boise ID 83720-0080 1742 Targhee Dr. 208 334-2301 Twin Falls, ID 83301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than #4 above): Secretary of State use only

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Timothy L. Shaw

Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 03/15/2007 05:00 CK: 1931 CT: 21094

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