



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**  
**EFFECTIVE**

To the SECRETARY OF STATE, STATE OF IDAHO

2002 AUG 14 AM 8:53

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Tornga Packaging Solutions

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

Name	Complete Address
<u>Steven C. Tornga</u>	<u>2124 Sunrise Lin Rd</u>
	<u>Boise, Idaho 83705</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Phone number (optional): (208) 342-1876

Steven C. Tornga  
2124 Sunrise Lin Rd  
Boise Idaho 83705

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Secretary of State use only

Signature:

Steven C. Tornga

Printed Name:

Steven C. Tornga

Capacity:

Sole Proprietor

(see instruction # 8 on back of form)

Revision 1/98

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IDAHO SECRETARY OF STATE  
08/14/2002 05:00  
CK: 1242 CT: 158010 BH: 482629  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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