



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

2007 JAN 24 11:57

SECRETARY OF STATE
STATE OF IDAHO

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

CTS Systems

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

Tina Grant

P.O. Box 1315

Orofino, ID 83544

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and ~~\$20.00~~ fee to: **25.00**

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

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

CTS Systems
Tina Grant

PO Box 1315

Orofino, ID 83544

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

Phone number (optional):

208-413-2480 cell

Signature: Tina Grant
(signature required)

Printed Name: Tina Grant

Capacity/Title: Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/24/2007 05:00
CK: 277 CT: 150010 BH: 1020273
1 @ 25.00 = 25.00 ASSUM NAME # 2