



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 JAN 24 AM 8:57

Please type or print legibly.

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
<u>Tina Grant</u>	<u>P.O. Box 1315</u> <u>Orofino, ID 83544</u>

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	

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

Correspondence should be addressed to:
CIS Systems
Tina Grant
PO Box 1315
Orofino, ID 83544

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

Phone number (optional):

208-413-2480 cell

Signature: Dina Grant
(Signature required)

Printed Name: Tina Grant

Capacity/Title: Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

incorporate Stein formstein.p65
Revised 07/2002

IDaho SECRETARY OF STATE
01/24/2007 05:00
CK: 277 CT: 158010 BH: 1028273
1 @ 25.00 = 25.00 ASSUM NAME # 2