

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.

FILED EFFECTIVE

2005 NOV -4 PM 12: 30

SECRETARY OF STATE
STATE OF IDAHO

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

TAC DRAFTING

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>TIFFANI ANN COTTRELL</u> | <u>195 CENTENNIAL ST</u> |
| | <u>BLACKFOOT, ID 83221</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 | |

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

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

TIFFANI COTTRELL
195 CENTENNIAL ST.
BLACKFOOT, ID 83221

Phone number (optional):

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

Signature: TIFFANI COTTRELL
(signature required)

Printed Name: TIFFANI COTTRELL

Capacity/Title: OWNER
(see instruction # 8 on back of form)

g:\compforms\idaho_forms\idaho_bin_p65
Revised 04/2005

Secretary of State use only

IDAHO SECRETARY OF STATE
11/04/2005 05:00
CK: 651838 CT: 172099 BH: 920668
I @ 25.00 = 25.00 ASSUM NAME # 2

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