



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

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 ~~entity(s)~~ in the transaction of business is:

T. L. C. Creations

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>Lorinda R. Howe</u>	<u>PO Box 145 Kuna ID 83634</u>
<u>Cynthia D. Hill</u>	<u>136 E 4th Ave Salt Lake UT 84103</u>
<u>Teresa A. Hill</u>	<u>316 H ST Salt Lake UT 84103</u>

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

<input checked="" 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): \_\_\_\_\_

Lorinda R. Howe  
PO Box 145  
Kuna ID 83634

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

Signature: Lorinda R. Howe

Printed Name: Lorinda R. Howe

Capacity: Pres/Manager

(see instruction # 8 on back of form)

Revision 1/98

01/08/2008 09:00  
CR: 1829 CT: 188144 RT: 170366  
1 # 20.00 = 20.00 ASSN NAME # 2

Secretary of State use only  
IDAHO SECRETARY OF STATE  
12/15/1998 09:00  
CR: 1829 CT: 188144 RT: 170366  
1 # 20.00 = 20.00 ASSN NAME # 2

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