CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504. Idato Code, the undersigned submits for filing a certificate of Assumed Business Name. Plass type or print legibly. Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of business is: TK Lighting & Design 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 Travis Kaestner 1606 E Velora Drive. Post Falls ID 83854 1006 E Velora Drive. Post Falls ID 83854 1007 E Velora Drive. Post Falls ID 83854 1008 E Velora Drive.	27	
submits for filing a certificate of Assumed Business Name. Submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of business is: TK Lighting & Design 2. The true name(s) and business name: Name Name Complete Address Travis Kaestner 1606 E Velora Drive. Post Falls ID 83854 Image Construction and Public Utilities Retail Trade Construction and Public Utilities Manufacturing Mining Finance, Insurance, and Real Estate Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State Secretary of State use only Signature: Travis Kaestner Capacity/Title; Principal/Owner Signature: Signature: Travis Kaestner 11/24/2014 05: 00 CK: 132 CT: 303548 BI: 14306129 16/25.00 ASSUM Kable: 1	CERTIFICATE OF	
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Name Complete Address Travis Kaestner 1606 E Velora Drive, Post Falls ID 83654	TK Lighting & Design	
Name Complete Address Travis Kaestner 1606 E Velora Drive, Post Falls ID 83854		
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 \$26.00 fee to: 4. The name and address to which future correspondence should be addressed: 1606 E Velora Drive, Post Falls ID 83854 9 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment copy is (if other than # 4 above): Same as #4 Signature: Printed Name: Travis Kaestner Signature: Printed Name: Signature: Printed Name: Printed Name: Signature: Printed Name: Printed Name: Printed Name: Printed Name: Signature: Printed Name:		
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 address to which future correspondence should be addressed: Secretary of State 1606 E Velora Drive, Post Falls ID 83854 Secretary of State PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: Secretary of State use only Printed Name: Travis Kaestner Capacity/Title: Principal/Dwner Signature: Printed Name: Printed Name: Printed Name:	Travis Kaestner	1606 E Velora Drive, Post Falls ID 83854
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 address to which future correspondence should be addressed: Secretary of State 1606 E Velora Drive, Post Falls ID 83854 Secretary of State PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: Secretary of State use only Printed Name: Travis Kaestner Capacity/Title: Principal/Dwner Signature: Printed Name: Printed Name: Printed Name:		
Signature: Secretary of State use only Signature: IDAHO SECRETARY OF STATE Printed Name: 11/24/2014 05:00 Capacity/Title: Principal/Owner Signature: IC 25.00 = 25.00 ASSUM NAME 4 Printed Name: IC 25.00 = 25.00 ASSUM NAME 4	 Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 1606 E Velora Drive, Post Falls ID 83854 5. Name and address for this acknowledgme 	n and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Same as #4	
Printed Name: Travis Kaestner Capacity/Title: Principal/Owner Signature: IC Printed Name: IC	Signature: In Metur	Secretary of State use only
Capacity/Title: Principal/Owner CK:182 CT:303543 BH:1450619 Signature: IC 25.00 = 25.00 ASSUM NAME Printed Name: IC 25.00 = 25.00 ASSUM NAME		
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