



CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 AUG 28 AM 8:42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

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2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Tim L. Scharff

Complete Address

9189 W. Stoneham DR
Boise, ID 83714

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:

Tim L. Scharff

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9189 W. Stoneham DR

Boise, ID 83714

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

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

Phone number (optional):

Secretary of State use only

Signature: Tim L Scharff

(signature required)

Printed Name: Tim L. Scharff

Capacity/Title: OWNER

(see Instruction # 8 on back of form)

corpform10n.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
08/28/2006 05:00
CK: 7612 CT: 158010 BH: 972878
1 @ 25.00 = 25.00 ASSUM NAME # 2

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