



# 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.

2004 APR -5 AM 9:24

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

STATE OF IDAHO

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

~~TRYP N' CHYK~~ TRYP N' CHYK

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>SHANE HORNER</u>	<u>833 SHOSHONE ST. N#203 TWIN FALLS ID 83301</u>
<u>HEATHER ADAMS</u>	<u>1841 HAYBURN E. TWIN FALLS IDAHO 83301</u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input 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:

PO: HEATHER ADAMS  
1841 HAYBURN E.  
TWIN FALLS IDAHO 83301

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

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

SHANE HORNER  
833 SHOSHONE ST. N#203  
TWIN FALLS IDAHO 83301

Phone number (optional):

Signature: SHANE HORNER  
(signature required)

Printed Name: SHANE HORNER

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\idm form\idm.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/06/2004 05:00  
CK: 1010 CT: 150010 BH: 737506  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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