## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE STATE OF IDAHO

| <b>(€</b> ₹ <b>9</b> ) | Pursuant to Section 53-504, Idah<br>gives notice of adoption of an As   |   |
|------------------------|---|---|
|                        | The assumed business name which the und business is:  |   |
|                        | TIK Greation  | ,   |
|                        | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: |   |
| •                      | Travis Sheldon Andrews  | Complete Address 910 Round Valley   |
|                        |   | Street Numpe ID   |
| 3.                     | The general type of business transacted un-<br>(mark only those that apply)   | ider the assumed business name is:  |
|                        | ☐ Retail Trade       ☐ Manufacturing         ☐ Wholesale Trade       ☐ Agriculture         ☐ Services       ☒ Construction      | Transportation and Public Utilities  Finance, Insurance, and Real Estate  Mining                  |
|                        | The name and address to which future Pl correspondence should be addressed:   | hone number (optional): 208-465-62 48   |
| ,                      | 910 Round Valley<br>Numpa ID 83687  | Submit Certificate of Assumed Business Name and \$20.00 fee to:                                   |
|                        | Name and address for this acknowledgment copy is (if other than #4 above).  | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
|                        | · · · · · · · · · · · · · · · · · · ·   | Secretary of State use only  IDANO SECRETARY OF STATE   |
| natu                   | re: Jahrens   | 10AHU SECRETARY OF STATE  033/24/1999 09:00  CK: 3622 CT: 113628 BH; 200659                       |

Sig

Printed Name: Travis Andreas

Capacity: Owner

(see instruction #8 on back of form)

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