

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned  $10\,000\,30$  PV 1:08 submits for filling a certificate of Assumed Business Name.

## Please type or print legibly. Instructions are included on back of application. STATE OF IDAHO

The assumed business name which the business is:	undersigned use(s) in the transaction of
T Squared	
The true name(s) and <u>business</u> address business under the assumed business in <u>Name</u>	name: <u>Complete Address</u>
Teresa Willey	3355 N. Five Mile Rd #202 Boise ID 83713
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities  ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  3355 N.F. ve Mile P. d. 3720  Boise T.D. 83713	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Printed Name: Teresa L Willa	_
Capacity/Title: Dwner	IDAHO SECRETARY OF STATE 01/03/2011 05:00
Signature:	CK: 1927 CT: 158910 BH: 1253160 1 9 25.90 = 25.00 ASSUM MAME # 2
Printed Name:	D144254
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