



# CERTIFICATE OF ASSUMED BUSINESS NAME

# FILED EFFECTIVE

10 AUG -2 AM 9:30

SECRETARY OF STATE  
STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 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:

Twin Falls Electronics Repair & Install

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

Name

Chris Cator

Complete Address

1598 Filer Ave E Twin Falls, ID

83301

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:

Chris Cator, 1598 Filer Ave E Twin Falls, ID

83301

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

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

Signature:

*Chris Cator*

Printed Name:

*Chris Cator*

Capacity/Title:

*OWNER*

Signature:

*Chris Cator*

Printed Name:

*Chris Cator*

Capacity/Title:

*OWNER*

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/03/2010 05:00  
CK: 14108326384 CT: 158018 BH: 1233209  
1 @ 25.00 = 25.00 ASSUM NAME # 2

*D/41139*