Capacity: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

gives notice of adopti	Off Of all Assumed Dusiness Rame.
<ol> <li>The assumed business name who business is:</li> </ol>	hich the undersigned use(s) in the transaction of
TNT CUSTOM WOO	OD CRAFTS S B
business under the assumed bu	address(es) of the entity or individual(s) doing
·	1690 FAIRWAY CT. WITH HOME, ID 33647
THERESA J. McGOWAN/SR	OCZYK SAME AS ABOVE
The general type of business tra     (mark only those that apply)	ansacted under the assumed business name is:
☐ Wholesale Trade ☐ Ag	anufacturing
<ol> <li>The name and address to which correspondence should be address.</li> </ol>	ressed:
THOMAS G. SROCZYK 1690 FAIRWAY CT.	1 .
MITN. HOME, ID 8364	700 West Jefferson
5. Name and address for this ackr copy is (if other than # 4 above): SAME AS ABOVE	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
of the House h	IDAHO SECRETARY OF STATE  91/29/2999 99:99  CK: 2988 CT: 125486 BH: 283844
Printed Name: THOMAS 6 SROCZY	1 @ 20.00 = 20.00 ASSUM MANE # 2

032324