

Capacity/Title: Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 05 MAY 12 AM 11:06

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersig	ned use(s) in the transaction of
business is: TCH Services	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	Complete Address BO21 E. Homedale Rd Caldwell + ID. 83607
3. The general type of business transacted under the	ne assumed business name is:
Retail Trade	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 Phone number (optional):
	Secretary of State use only
Signature: Signature required) Printed Name: Jon Heaton Capacity/Title: Owner	1)39PO
Signature: (Signature required) Printed Name: Jon Heaten	IDAHO SECRETARY OF STATE 05/12/2006 05:00
Capacity/Title: Dunner	CK: 3163 CT: 200262 BH: 954487 1 @ 25.00 = 25.00 ASSUM NAME #