



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

2008 NOV -3 PM 12: 56

SECRETARY OF STATE  
STATE OF IDAHO

FILED  
EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Tekamboo

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

Name

Adam McNaught

Complete Address

Po Box 266, Ketchum, ID 83340

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 |                          |                                     |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

Tekamboo

Po Box 266

Ketchum, ID 83340

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

Secretary of State use only

Signature: Adam McNaught  
(signature required)

Printed Name: Adam McNaught

Capacity/Title: Owner

(see Instruction # 8 on back of form)

Information Formatted  
Revised 04/2003

IDaho SECRETARY OF STATE  
11/03/2008 05:00  
CK: 167671 CT: 172099 BH: 1142914  
1 0 25.00 = 25.00 ASSUM NAME # 2

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