FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 MAR 29 AM 11: 38

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersig business is: TST SERVICES	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of th business under the assumed business name: Name TROY BURKE 19	e entity or individual(s) doing Complete Address 10 E. டலமுரை மூ NAMPA , b 85686
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TROY BURKE 1910 E. LOWST LN NAMPA, ID 83686 5. Name and address for this acknowledgment copy is (if other than #4 above):	
Signature: Signature: (signature required) Printed Name: TROY BURKE Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 03/29/2006 05:00 CK: 4037 CT: 198638 BH: 946184 1 8 25.00 = 25.00 ASSUM NAME # 2