

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTOR

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

05 MAY 19 PM 1: 33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

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	OIVIT OL IDAHO
1. The assumed business name which the undersigned business is: TPS CATERING TO SEE THE PRING TO SEE THE PRINCE TO	d use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
1/AU/ 1/445 2166	E Madow wood Dr.
Min	EMERADON WOOD DR.
3. The general type of business transacted under the a	
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Meridian, Id 83642	PO Box 83720
Meridian, Id 83642	Boise ID 83720-0080 208 334-2301
'	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Printed Name: Capacity/Title: Signature required: Capacity/Title: Signature required: Capacity/Title:	IDAHO SECRETARY OF STATE
Printed Name: Signature required Signature re	05/19/2005 05:00 CK: CASH CT: 158810 BH: 811457 1 0 25.00 = 25.00 ASSUM MAME # 2
Capacity/Title:	N 97005