

Printed Name:

Capacity/Title:

(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.

09 MAR 31 AM 9: 30

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business name).	s) of the e		
Name TS Investments. Inc (C140007.)	Hors	Complete Address Wilberta Lane School Bind, 17	<u></u>
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction			
 Wholesale Trade	·	Submit Certificate of Assumed Business Name and \$25.00 fee to	
4. The name and address to which future correspondence should be addressed:		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	-4-
Horseshoe Bend 110 83429 5. Name and address for this acknowledgme	ent	(208) 334-2301	
Copy is (If other than # 4 above):	, .		
nature: linnele Frenco	эттв\ыеn.p6\$ 003	Secretary of State use o	only (*) Sector of Sector of (*) Sector of (*)

IDANO SECRETARY OF STATE

03/31/2009 05:00

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