

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.



03 JUL 21 PM 1:39 SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Tri County Systems Management	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	•
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: HAVOLO W Dewiff 13872 Sawfa Kita DR. MAMPA, FD 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208 461 9768
ignature: Aud had back	Secretary of State use only

Signature: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: OWN Printed Name: A vold W Dy L. H. Capacity/Title: Own Printed Name: A vold

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 97/22/2003 05:00 CK: CASH CT: 158010 BH: 692281 1 0 25.00 = 25.00 ASSUM NAME # 2