



**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.

2006 FEB 28 AM 8:35

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THC For Tots

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

Name _____

Complete Address

Elizabeth Fetzer

3210 S. Kokomo Dr.

David A. Fitzer

Nanpa Tokuo

83686

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation
- Construction
- Agriculture
- Mining

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

THC Fer Tots
3210 S. Kokomo &
Nampa Idaho 83686

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

Elizabeth Factor

Signature: Elizabeth Olson

Signature: 

Printed Name: David A. Fetzer

Capacity/Title: Associate / Partner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

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02/28/2006 05:00
CK: 5834 CT: 158918 BH: 940155
25.00 = 25.00 ASSUM NAME # 2

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