

Capacity/Title: Partner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 JAN -6 AM 8: 28

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

THA Enterprises		
The true name(s) and business address(es business under the assumed business nar Name	e: Complete Address	.9
Terri Wilkinson Anna Boam	1777 E 65th N 321 W. 129 N. ID. FAILS, I	ID. FAILS ID. 8
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 for Idaho Secretary of St	of ee to:
The name and address to which future correspondence should be addressed:  1717 E 65th N  Idaho Falls, ID. 83401	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	
i. Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
-1871	Secretary of State	use only

CK: 8056 CT: 243589 BH: 1201974 0 25.00 = 25.00 ASSUM NAME #

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