

FILED EFFECTIVE

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

04 MAR 23 PM 2:33

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

TSA MOBILE WELDING

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
TROY ASHER	22707 RIVER ROAD CALDWELL IDAHO 83607
LINDA ASHER	22707 RIVER ROAD CALDWELL IDAHO 83607

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" type="checkbox"/> Manufacturing            | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

TSA MOBILE WELDING  
TROY OR LINDA ASHER  
22707 RIVER ROAD CALDWELL, IDAHO 836

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

Phone number (optional):

208-454-2528

Signature:

(signature required)

Printed Name:

TROY S ASHER

Capacity/Title:

Major Partner

(see instruction # 8 on back of form)

Secretary of State use only

DM4552

IDAHO SECRETARY OF STATE  
03/23/2004 05:00  
CK: 3232342810SLD CT: 172099 BH: 734999  
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\labn form\slabn p65  
Revised 04/2003