

Capacity/Title: Own er

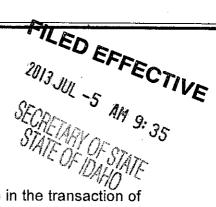
Signature:

Printed Name: ____ Capacity/Title: ____

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. Instructions are included on back of application.



1. The assumed business name which the under business is:	
2. The true name(s) and <u>business</u> address(es) to business under the assumed business name Name Thomas John Tyerson	
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: TLC Cleaning 705 E ShiloH. Lan 4 102 HAYDEN TJALO 83835	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
gnature: inted Name: Thomas J. Tivey son	Secretary of State use only

IDAHO SECRETARY OF STATE

17/05/2013 05:00

CK: 8844 CT: 158010 BH: 1380896

1 8 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010