

Capacity/Title: Owner

(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.

08 NOV 10 AM 8: 23

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Please type or print legibly.

NOTE: See instructions on reverse before filling.

SECRETARY OF STATE OF IDAHO

The assumed business name which the under business is:	
T.D.K. Services	Land the second
The true name(s) and business address(es) business under the assumed business name Name	e: Complete Address
Andy L. James	11 Shamrock Ln. Salmon ED 8346
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: T.D.K. Services Andy James Il Shamrock Ln. Salmon, Ib	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	-
	Secretary of State use only
Signature: Jud James Printed Name: Andy L. James	IDAHO SECRETARY OF STATE 11/10/2008 05:00 11/10/2008 05:00 11/10/2008 05:00