

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

T & K HOME BUSINESS SYSTEM

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

Name	Complete Address
<u>TAMI CHARLTON</u>	<u>2748 N. MORROW PL.</u>
	<u>BOISE, ID 83713</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

INDEPENDENT DISTRIBUTOR

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

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

Phone number (optional): 208-672-8217

TAMI CHARLTON
2748 N. MORROW PL.
BOISE, ID 83713

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Signature:

Tami Charlton

Printed Name:

TAMI CHARLTON

Capacity:

SOLE PROPRIETOR

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
02/15/2002 05:00
CK: 2111 CT: 157422 BH: 446654
1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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