

Signature: \_\_\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00

2017 JUL 24 AM 10: 10

	1 ming ice. \$20.00.		^	COSTABY OF ST	ATE
1	SECRETARY OF STATE The assumed business name which the undersigned use(s) in the transaction of business is: Bio-One Boise				
1.					
	Dio-Orie Doise				<u></u>
2.	The individual and/or entity names and business address(es) of those doing business under				
	the assumed business name (do not include the name you listed in #1):				
	Boise Biohazard Servces LLC 1775 W State St #159 Boise, ID 83702				
	(Name) $(W185559)$ (Address)				
	(Name) (Address)		······································		
	(Name) (Address)				
	(Marile) (Mariless)				
	(Name) (Address)			<del></del>	<del></del>
3.	The general type of business transacted under the assumed business name is:				
	Retail Trade Construc	tion	☐ Transporta	ation and Public U	tilities
	Wholesale Trade Agricultu	re	Mining		
	⊠ Services	luring	Finance, I	nsurance, and Re	al Estate
4.	Mailing address for future correspondence:	5. 1	Name and addre	ss for this acknow	rledgment
		•	COPy IS (if other than a	¥ <b>4</b> ):	
	1775 W State St #159		<u> </u>	·	
	(Name)	,	(Name)		
	(Address)	<del>-</del> (	(Address)	<del></del>	
	Boise, ID 83702 (City) (State) (Zipcode	<del>,</del>	(City)	(State)	(Zipcode)
	(City) (State) (Zipcode	,	(Ony)	(State)	(Zipcobe)
Dei	nted Name: Travis Nichols	<u> </u>		ary of State use only	
		-	Seciel	ary or State use only	
Sig	gnature: TPAu Ni elfu Q	-	IDA	HO SECRETARY OF :	STATE
Printed Name:			07/24/2017 05:00 CK:2430 CT:342420 BH:1594852		
		-		CT:342420 BH   = 25.00 Assu	
Oli	gnature:	-			
Pri	inted Name:	_	~	.a =	
Signature:			D195970		

Rev. 08/2015