

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE 2017 JUL 28 AM 8: 00

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business na	ime which the undersigr	ned use(s) in the transaction of business is:
Trinity Services		
 The individual and/or entity the assumed business na 		address(es) of those doing business under e you listed in #1):
Janene M. Stevens		Blvd Post Falls Idaho 83854
(Name)	(Address)	
3. The general type of busine	ess transacted under the	e assumed business name is:
☐ Retail Trade ☐ Wholesale Trade ☑ Services	Construction Agriculture Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
I. Mailing address for future	correspondence:	 Name and address for this acknowledgment copy is (if other than # 4):
Janene M. Stevens		
(Name) 3617 E. Ponderosa Blvd		(Name)
(Address)		(Address)
	(State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Janene M. Stevens		Secretary of State use only
Signature: Januare M.		Secretary of State use only
Printed Name:		IDAHO SECRETARY OF STATE 07/28/2017 05:00
Signature:		CK:1181 CT:131796 BH:1595614 10 25.00 = 25.00 ASSUM NAME #2
Printed Name:		1196085

Rev. 03/2015