



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 DEC 24 AM 9:42

SECRETARY OF STATE
STATE OF IDAHO

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

Elite Life Services

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):

Holly Peterson 3703 N 2544 E, Twin Falls, ID 83301
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

Holly Peterson
3703 N 2544 E
(Name) (Address)
Twin Falls ID 83301
(City) (State) (Zipcode)

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

Holly Peterson
(Name)
3703 N 2544 E
(Address)
Twin Falls ID 83301
(City) (State) (Zipcode)

Printed Name: Holly Peterson
Signature: Holly Peterson
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Secretary of State use only
IDAHO SECRETARY OF STATE
12/24/2015 05:00
CK:1056 CT:158010 BH:1505640
1@ 25.00 = 25.00 ASSUM NAME #2
D183359