



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

**2016 NOV -4 AM 9:10**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

E&I Asset Recovery

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):

Joshua Wilson 4725 N Troy St Coeur d'Alene, Idaho 83815

(Name) (Address)

Victoria Bolden 4725 N Troy St Coeur d'Alene, Idaho 83815

(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 checked="" 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 type="checkbox"/> Finance, Insurance, and Real Estate            |

4. Mailing address for future correspondence:

Joshua Wilson

(Name)

4725 N Troy St

(Address)

Coeur d'Alene, ID 83815

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Joshua Wilson

Signature: *Joshua Wilson*

Printed Name: Victoria Bolden

Signature: *Victoria Bolden*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Secretary of State use only**

IDAHO SECRETARY OF STATE

**11/04/2016 05:00**

CK:206575640315 CT:330824 BH:1553889

1@ 25.00 = 25.00 ASSUM NAME #2

*D190197*