- Sty of TSIARLE Warm



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

	Safety Council
The true name(s) and business address(e business under the assumed business name to business name to business name to business address(e business name to business).	es) of the entity or individual(s) doing me:
Name	Complete Address
Total Safety Consultants, LLC	310 N 2nd E Ste. #148, Rexburg, ID 83440
(W39692)	
3. The general type of business transacted u  Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining	n and Public Utilities
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:      Idaho Safety Council	Secretary of State 700 West Jefferson Basement West
310 N 2nd E Ste. #148	PO Box 83720 Boise ID 83720-0080
Rexburg, ID 83440	208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above);</li> </ol>	nt Phone number (optional):
	Secretary of State use only
	990 VQ
nature: (signature required)	003 mmsta
nted Name:WILLIAM SLADE LOVEJOY	IDANO SECRETARY OF STATE OF ST
pacity/Title: OWNER	IDANO SECRETARY OF STA  ### 1000270 Possional  ### 25.00 = 25.00 ASSUM

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