

227

**FILED EFFECTIVE**



# **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Filing fee: \$25.00.

2015 SEP 14 PM 4:34

SECRETARY OF STATE  
STATE OF IDAHO

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

Clovers Towing

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):

CLOVERS ASSET RECOV <sup>LLC</sup> 788 S Star Rd Star ID 83669

(Name) (W154856) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Clover's Towing

(Name)

PO Box 579

(Address)

Star

ID

83669

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Sarah Clover

Signature: *Sarah Clover*

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

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/15/2015 05:00

CK: 3205882 CT: 172099 BH: 1492312

1@ 25.00 = 25.00 ASSUM NAME #2

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