

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



Recovery Systems Un		STATE OF STATE OF STATE OF STATE
	ntity names and business a name (do <u>not</u> include the nam	address(es) of those doing business under
Jeffrey Beck		ve. #204 Boise ID. 83704
(Name)	(Address)	
The general time of hus	inces transported under the	a accumed business name io
_		e assumed business name is:
Retail Trade Wholesale Trade	Construction Agriculture	☐ Transportation and Public Utilities
✓ Wholesale Trade✓ Services	Manufacturing	MiningFinance, Insurance, and Real Estat
Mailing address for futu	re correspondence:	5. Name and address for this acknowledgme copy is (if other than # 4):
Jeffrey Beck		copy to (if other than # 4).
(Name)		(Name)
8537 W fairview Ave. #	204	
(Address) Boise ID. 83704		(Address)
(City)	(State) (Zipcode)	(City) (State) (Zipco
nted Name: Jeffrey Bec	k	Secretary of State use only
nature: Mak		
		IDAMO SECRETARY OF STATE
nted Name:		10/27/2017 05:00 CK:CASH CT:158010 BH:1609505
gnature:		10 25.00 = 25.00 ASSUM NAME
inted Name:		