



**CERTIFICATE OF ASSUMED BUSINESS NAME** **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name. **8/14/23 AM 9:23**

**Please type or print legibly.      SECRETARY OF STATE**  
**NOTE: See Instructions on reverse before filling STATE OF IDAHO**

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

## **Billing Solutions and Resources**

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name \_\_\_\_\_

## Kiley Fournier

**Complete Address**

352 Scott Lane

**Sandpoint, ID 83864**

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

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

4. The name and address to which future correspondence should be addressed:

Po Box 1942

**Sandpoint, ID 83864**

**Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:**

**Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080**

(208) 334-2301

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

Secretary of State use only

Signature: Kiley Faverier  
(signature required)

Printed Name: **Kiley Fournier**

Capacity/Title: **Owner**

(see instruction # 8 on back of form)

12: Leopoldina formularien, p. 85

IDaho SECRETARY OF STATE  
11/23/2007 05:00  
CK: 2538 CT: 150818 RH: 1086635  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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