

Capacity/Title: Owner

9/21/2012

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. 2014 NOV 25 AM 9: 10

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
The Septic Doctor	
2. The true name(s) and <u>business</u> address(exbusiness under the assumed business name Name Nathaniel Adams Rahert Facis	
3. The general type of business transacted use Retail Trade	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Nathaniel Adams 3515 12th Ave Rd Nampa ID 83686	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). Same As Above 	ent
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 11/25/2014 05:00 CK:2724 CT:303561 BH:1450691 16 25.00 = 25.00 ASSUM NAME #2
Printed Name: Robert Faris Capacity/Title: Owner	D175171

abn.pmd Rev. 07/2010