



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP -1 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

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

~~SteriSolutions~~ SteriSolutions

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):

Tamara Long-Partei	2570 Normal Ave	Burley	ID	83318
(Name)	(Address)	(City)	(State)	(Zipcode)

Bill Long-Partei	2570 Normal Ave	Burley	ID	83318
(Name)	(Address)	(City)	(State)	(Zipcode)

(Name)	(Address)	(City)	(State)	(Zipcode)
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(Name)	(Address)	(City)	(State)	(Zipcode)
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3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

SteriSolutions

(Name)

2570 Normal Ave

(Address)

Burley

(City)

ID

(State)

83350

(Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Tamara Long-Partei

Signature: Tamara Long-Partei

Printed Name: Bill Long-Partei

Signature: Bill Long-Partei

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/01/2015 05:00

CK:8063 CT:314084 BH:1490438

1@ 25.00 = 25.00 ASSUM NAME #2

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