



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Perfection Process Service

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

Name

Complete Address

Jennifer J. Quinn

P.O. Box 3492

Lisa R. Moore

Hayden, Id. 83835

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 683-9164

Jennifer J. Quinn / Lisa R. Moore

P.O. Box 3492

Hayden, Id. 83835

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

01/26/2001 09:00
CK: 5727 Cf: 141488 BH: 375137

1 @ 20.00 = 20.00 ASSUM NAME # 2

D-42142

Signature:

Jennifer J. Quinn / Lisa R. Moore

Printed Name:

JENNIFER QUINN / LISA R. MOORE

Capacity:

PARTNERS

(see instruction # 8 on back of form)