



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

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2018 JAN -3 AM 8:51

SECRETARY OF STATE
OFFICE OF IDAHO

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

Treasure Valley Field Services Representative

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):

Alicia Howell 1129 S. Kingfisher Way Boise, ID 83709
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade
☐ Wholesale Trade
☒ Services

☐ Construction
☐ Agriculture
☐ Manufacturing

☐ Transportation and Public Utilities
☐ Mining
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Alicia Howell
(Name)
1129 S. Kingfisher Way
(Address)
Boise ID 83709
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Alicia T. Howell

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/03/2018 05:00

CK:2755 CT:350515 BH:1619298
18 25.00 = 25.00 ASSUM NAME #2

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