

227

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

2011 FEB -1 PM 2:12

STATE OF IDAHO

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

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

Elite ASSET Recovery

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

Name

Complete Address

Jason Weaver

1272 Lilac St Pocatello Id 83201

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

- | | |
|--|--|
| ☐ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☒ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Jason Weaver
1272 Lilac St Pocatello Id 83201

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

Signature: _____

Printed Name: Jason WeaverCapacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

alr/pmd : Rev. 07/2010

IDAHO SECRETARY OF STATE
02/01/2011 05:00
CK: 597079 CT: 172099 BH: 1257999
1 @ 25.00 = 25.00 ASSUM NAME 1 2

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