



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 OCT 27 AM 11:58

SECRETARY OF STATE  
STATE OF IDAHO

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

Fortress Document Solutions

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):

(Name) Fortress Business Systems LLC (Address) 3140 E Covington Ave  
(City) Post Falls ID (Zipcode) 83854

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

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 type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

(Name) Fortress Business Solutions  
(Address) 3140 E Covington Ave  
(City) Post Falls (State) ID (Zipcode) 83854

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

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Printed Name: Amber Keyser

Signature: Amber Keyser

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2015 05:00

CK:1044 CT:316143 BH:1498015  
1@ 25.00 = 25.00 ASSUM NAME #2

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