

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 APR 21 AM 9:45

SECRETARY OF STATE
STATE OF IDAHO

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

Clearwater Mold Removal

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):

Vin Howell 1304 29th St. Lewiston Id 83501
(Name) (Address)

Pam Howell 1304 29th St. Lewiston Id 83501
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Vin Howell
(Name)
1304 29th St.
(Address)
Lewiston Id 83501
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Vin Howell

Signature: Vin Howell

Printed Name: Pamela Howell

Signature: Pamela Howell

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/21/2016 05:00

CK: 3793834 CT: 172099 BH: 1524618
1@ 25.00 = 25.00 ASSUM NAME #2

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