Capacity/Title: President



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

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

2015 DEC -7 AM 9: 17

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

SECRETARY OF STATE STATE OF IDAHO

| business is:  Unified Compliance  | Services   |
|---|--|
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Output  Description:  |  |
| 3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate |  |
| 4. The name and address to which future correspondence should be addressed:  9057 Hoff Dr.  Garden City, ID 83714   | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301                    |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):  |  |
|   | Secretary of State use only  |
| Signature: Krystal Schmelling  Printed Name: Krystal Schmelling  Capacity/Title: Secretary  Signature: Bo Schmelling  | IDAHO SECRETARY OF STATE 12/07/2015 05:00 CK:3417442 CT:172099 BH:1503043 16 25.00 = 25.00 ASSUM NAME #2 |
| Printed Name: Bo Schmelling   | D183008  |

abn.pmd Rev. 07/2010