

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



2014 MAY -7 AM 9: 14

4A Cleaning and Restoration The true name(s) and <u>business</u> address business under the assumed business.	, , , , , , , , , , , , , , , , , , ,
Name	Complete Address
Melvin D. Amos III	1427 Canyon Ave. Idaho Falls, ID 83402
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 4Alarm Restoration and Cleaning 1427 Canyon Ave. Idaho Falls, ID 83402	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
-Au O	Secretary of State use only
ignature:	IDAHO SECRETARY OF STATE
Printed Name: Melvin D. Amos III	_ 05/07/2014 05:00 CK:638101003 CT:79196 BH:1
Capacity/Title: Owner/Proprietor	- 18 25 DD = 25 DD ASSIM W

Capacity/Title:__

Signature:

Printed Name: ____ _

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Phone# 208 360-9770