

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



2016 OCT 13 AM 91 24 SECRETARY OF STA

1.	The assumed business name which the undersigned use(s) in the transaction of business RADON PROFESSIONALS						
2.	The individual and/or entity names and business a the assumed business name (do not include the name)						
	(Name)	(Address)					
 4. 	☐ Retail Trade ☐ Construction ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Manufacturing				e assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4):		
	(Name) 670 WILLARD AVENUE				(Name)		
	(Address)	ress)			(Address)		
	POCATELLO (City)	ID (State)	83201 (Zípcode)		(City)	(State)	(Zipcode)
Pr	inted Name: TIFFANI WILSON			<u></u>		ecretary of State use only	
Signature: President Printed Name: Signature:					IDAHO SECRETARY OF STATE 10/13/2016 05:00 CR:81199 CT:1188 BH:1550707 10 25.00 = 25.00 ASSUM NAME #2		
Printed Name:					D189750		
				-			

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