

FILED EFFECTIVE

2017 JUN -8 AM 9:25

**SECRETARY OF STATE
STATE OF IDAHO**

227



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

Filing fee: \$25.00.

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

Fullers Fire Extinguisher Services

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):

Austin Fuller 516 Boxwood Dr. Twin Falls ID 83301
(Name) (Address)

(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 checked="" 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:

516 Boxwood Dr.

(Name)

(Address)

Twin Falls ID 83301
(City) (State) (Zipcode)

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

516 Boxwood Dr.

(Name)

IDAHO SECRETARY OF STATE
(Address) 06/08/2017 05:00
Twin Falls ID 83301
EX-1073 CT-340891 BH-1041012
(City) 10 25.00 = 25.00 (State) (Zipcode) ASSUM NAME #2

Printed Name: Austin Fuller

Signature: Austin Fuller

Printed Name: _____

Secretary of State use only

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