



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 FEB -2 AM 10: 05

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Clover Industries & Affiliates

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Crystal M Clover

1725 S. Aspen Grove Street, Nampa, ID 83686

Brian L Clover

1725 S. Aspen Grove Street, Nampa, ID 83686

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Clover Industries & Affiliates (CIA)

1725 S. Aspen Grove Street

Nampa, ID 83686

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

Signature: _____

Printed Name: Crystal M Clover

Capacity/Title: Owner, Business Development

Signature: _____

Printed Name: Brian L Clover

Capacity/Title: Operations Manager

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

02/03/2015 05:00

CK:17161846880 CT:158010 BH:1459971

1@ 25.00 = 25.00 ASSUM NAME #2

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