



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 MAY 17 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

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

Complete Cabin and Home

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):

Complete Cabin Care, LLC 90 Two Mouth Rd. Unit B, Coolin, ID 83821

(Name) (W144533) (Address)

(Name) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

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

☒ Retail Trade

☐ Wholesale Trade

☒ Services

☒ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Complete Cabin and Home

(Name)

90 Two Mouth Rd. Unit B

(Address)

Coolin

(City)

Idaho

(State)

83821

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Douglas J Whitney

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/17/2017 05:00

CK:4098 CT:339765 BH:1584557
1@ 25.00 = 25.00 ASSUM NAME #2

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