



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

10 OCT 28 AM 8:43

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:

business is: Disaster Recovery Clean

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

Name

Name  
Jim Loveland

**Complete Address**

Complete Address  
5120 Overland Rd

Suite C- 295

Boise Tva 83705

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assume  
 Name a

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

Jim Loveland  
5120 W Overland Rd  
Suite C-298 Boise, Id 83705

**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**

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

**Signature:**

Printed Name:

**Capacity/Title:**

**Signature:**

Printed Name:

**Capacity/Title:**

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
 10/28/2010 05:00  
 CK: 14187701316 CT: 158010 BH: 1244894  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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