

Clark County Clerk's Office
 200 Lewis Avenue, 5th Floor
 P. O. Box 551601
 Las Vegas, NV 89155-1601
 702-671-0500

Receipt for Services

Diana Alba

COUNTY CLERK

Cashier LEONRO

Batch # 791954

Date: 01/09/2012 Time: 12:58:11PM

Date	Document Number	Document Type	Pg/Amt
1/9/2012 12:58:11PM	2012010910000331-0	FFN	1
Party 1: MOUNTAN ALARM, SAFELIFE ALARM, & COPPERSTATE FIRE PROTECTION		Party 2: FIRE PROTECTION SERVICE CORPORATION	
	FFN	Total:	20.00
	Fee Total:		20.00
CHECK	1727	Fire Protection Service	20.00
Payment Total:			20.00

Certificate of Business: Fictitious Firm Name

FILED

Please Select One:

- New Application
- Renewal of existing fictitious firm name

2012 JAN -9 P 1:02

Please Print or Type

Diana Alba
CLERK

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that Fire Protection Service Corporation
(Name of individual, corporation, partnership or trust)

with mailing address of PO Box 150647, Ogden, UT, 84415
(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of
Mountain Alarm, SafeLife Alarm, & Copper State Fire Protection
(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

Full Name and title (Type or Print)	Signature	Date
<u>JEFF Merriam, General Manager</u>	<i>[Signature]</i>	<u>1.4.12</u>
Street Address of Business or Residence	City, State, Zip	
<u>945 N 1300 W</u>	<u>St George UT 84770</u>	
Mailing Address, if different from above	City, State, Zip	

(2)

Full Name and title (Type or Print)	Signature	Date
Street Address of Business or Residence	City, State, Zip	
Mailing Address, if different from above	City, State, Zip	

(3)

Full Name and title (Type or Print)	Signature	Date
Street Address of Business or Residence	City, State, Zip	
Mailing Address, if different from above	City, State, Zip	

(4)

Full Name and title (Type or Print)	Signature	Date
Street Address of Business or Residence	City, State, Zip	
Mailing Address, if different from above	City, State, Zip	

Mail to: Shirley B. Parraguire, County Clerk, Attn. FFN, P.O. Box 551604, Las Vegas, NV 89109
Include: Filing Fee of \$20.00 with the application plus 2 copies and a self-addressed envelope.
Diana Alba, County Clerk
01/09/2012 12:58:11 PM

111706



FILED

Certificate of Business: Fictitious Firm Name

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2012 JAN -9 P 1:02

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Diana Alba, County Clerk
01/09/2012 12:58:11 PM

Mail to: Shirley B. Parraguirre, County Clerk, Attn. FFN, 1
Include: Filing Fee of \$20.00 with the application plus 2 cop

