



Company Letterhead: _____

Business License

The undersigned, on behalf of BIA Recovery Inc (Company Name) agrees that they are NOT required a Business License in the state of IDAHO.

By signing below, I affirm that we are not required a Business License.

Signature: _____

Print Name: JASON Eaton

Title: President

Company Name: BIA Recovery Inc

Company Address: P.O. Box 3144

City/State: Idaho Falls, ID

Zip Code: 83401

Contact Telephone Number: 208-520-2537

Contact E-mail Address: barecov2070@gmail.com

Date: 8/12/19