

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

12 MAR 16 AM 7:36

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:

C+K Complete Janitorial Service

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

<u>Name</u>	<u>Complete Address</u>
<u>Christopher G Byes Sr.</u>	<u>1023 18th Street Lewiston Id 83501</u>
<u>Kathryn S Byes</u>	<u>1023 18th Street Lewiston, Id. 83501</u>

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

- | | |
|--|--|
| <input 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:

Christopher G Byes SR.
Kathryn S Byes
1023 18th Street Lewiston, Id. 83501

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

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

Signature: Christopher G Byes Sr.

Printed Name: Christopher G Byes Sr.

Capacity/Title: owner

Signature: Kathryn S Byes

Printed Name: Kathryn S Byes

Capacity/Title: owner

IDAHO SECRETARY OF STATE
03/16/2012 05:00
CK: 934131 CT: 172099 BH: 1315436
1 @ 25.00 = 25.00 ASSUM NAME # 2

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