

Signature: 1

Printed Name

Capacity/Title

(see instruction # 8 on back of form

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 NOV 30 AM 10: 34

## Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETAL OF STATE STATE

The assumed business name which the unders business is:      The control of	igned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Name	the entity or individual(s) doing  Complete Address  E. Floricia Auc.  Mpa 11 83686
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  CARCAS Cleaning Crecision Science Science Control Alexander Control Co	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):  (200)(200)  (200)(200)  (200)(200)  (200)(200)

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IDAHO SECRETARY OF STATE
11/30/2005 05:00
CK: 1001 CT: 158010 BH: 924319
1 0 25.00 = 25.00 ASSUM NAME # 2

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