

CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 MAR 15 PM 12: 29

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	Office of Ibraid
1. The assumed business name which the unders	signed use(s) in the transaction of
business is:	
Clearshide Window	3 Cleaning
2. The true name(s) and business address(es) of	f the entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Doy Fugate	12631 Trail Drive Rd. Melba, Id. 83641
	meloc, 10, 83641
3. The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation an	nd Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Clearshine window Claw.	
Clearshine Window Clean. 12631 Trail Orive Rd.	Boise ID 83720-0080 208 334-2301
Melba, Id. 83641	208 334-2307
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above).	208) 250 - 4127
	-
	Secretary of State use only
	3 9
Signature You N Fronte	
(signatbre-fequired)	Revised outside from State of the State of t
Printed Name: J8Y H. FU6AR	gi (corniformisabn) formstabn formst
	ducay 6
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE
	CK: 1823 CT: 158010 BH: 943450 1 @ 25.00 = 25.00 ASSUM NAME I
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