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. $05\,DEC\,22\,PH\,1:52\,$

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETAL TOF STATE STATE OF IDAHO

Ho	orizon Carpet Care	
The true name(s) and business address business under the assumed business. Name	s name: Complete Address	
James Plucinski	2945 1st. Lane East, Parma ID 83660-6152	
The general type of business transact	ted under the accumed hypiraes name in	
	ted under the assumed business name is: rtation and Public Utilities ction	
Services Agricultu Manufacturing Mining Finance, Insurance, and Real E	ure Submit Certificate of Assumed Business	
 The name and address to which future correspondence should be addressed James Plucinski 		
2945 1st Lane East Parma, ID 83660-6152	Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowled copy is (if other than # 4 above).	edgment Phone number (optional):	
	Secretary of State use only	
gnature: (signature required) inted Name: James Plucinski	G D D D C C C C C C C C C C C C C C C C	
apacity/Title: Owner (see instruction # 8 on back of form)	TIMUS GEODE	

IDAHO SECRETARY OF STATE 12/22/2005 05:00 CK: 1479 CT: 158010 BH: 928235 1 8 25.00 = 25.00 ASSUM NAME # 2