

Printed Name:

Capacity/Title:

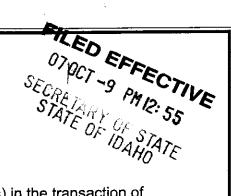
(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



Grime Fighters The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name: Name Tamara Immerman Nancy Horton	Complete Address 19 Hwy 18 Marsing 10
The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Tawara Merman Myg Hym 8 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 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE

10/09/2007 05:00

CK: 2501 CT: 218389 BH: 1879597

1 8 25.00 = 25.00 ASSUM NAME # 2

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