



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

07 JUN -1 PM 4:01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

C + A Services

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

Name

Complete Address

Orlando Clay (owner)

7701 W. Wayside Dr. 83704

Darcie Johansen (representative)

7701 W. Wayside Dr. 83704

Boise Idaho

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" 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:

Orlando Clay
7701 W. Wayside Dr.
Boise Idaho 83704

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

Signature: OR

(signature required)

Printed Name: ORLANDO CLAY

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

(208) 440-0872

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/01/2007 05:00
CK: CASH CT: 158818 BH: 1857549
1 @ 25.00 = 25.00 ASSUM NAME # 2

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