## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To	To the SECRETARY OF STATE, STATE OF IDAH 101 28 PN 197  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name of STATE		
1.	The assumed business name which the undersigned ubusiness is:	SE OF TOAHO ISE(S) in the transaction of	
	Top to Bottom Cleane	ers	
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	LISA L. Cureton 508 Drif	mplete Address Lwood Rd Boise, Id 8 3713	
	Sonshine Day 5120 N.	TURKET WAY Boise ID85703	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Wholesale Trade       ☐ Agriculture       ☐ Fi         ☑ Services       ☐ Construction       ☐ M	ransportation and Public Utilities inance, Insurance, and Real Estate lining	
4.	The name and address to which future Phone number (optional): 377-8373 - 345-58 Correspondence should be addressed:		
	Lisa Cureton	Submit Certificate of	
	508 Driftwood Kd.	Assumed Business Name and \$20.00 fee to:	
	Bouse, Id. 83713	Secretary of State	
5	Name and address for this acknowledgment	700 West Jefferson Basement West	
٠.	COpy is (if other than # 4 above):	PO Box 83720	
		Boise ID 83720-0080 208 334-2301	
	Secretary of State use only		
ınatı	re: Lesa Cur e for + Sunshine Dall	IDANO SECRETARY OF STATE  DATE 05/30/1997  0900 97492 2	

20.00=

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Printed Name: Lisa Cureton & Sunshine Dan Capacity: Partrues (see instruction # 8 on back of form)