



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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 FEB 16 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO

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

Sallie's Carpet Cleaning

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

Sallie D. Shank

3317 E. County Line Road Idaho Falls, Id 83401

James C. Shank

3317 E. County Line Road Idaho Falls, Id 83401

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

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

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

4. The name and address to which future correspondence should be addressed:

Sallie Shank

3317 E. County Line Road Idaho Falls, Id 8340

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

Phone number (optional):

208-652-9375

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Sallie D. Shank

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
02/16/2005 05:00
CX: 4518 CT: 150010 BH: 793543
1 @ 25.00 = 25.00 ASSUM NAME # 2

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