

Capacity/Title:

(see instruction # 8 on back of form)

## 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.

06 JAN - 6 PM 2: 18

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRET AN OF STATE STATE OF IDAHO

The assume business is:	d business name which the ur	ndersigne	State of the liberton of		
	FLAWLESS CARPET	CARE		<del></del>	
The true nar business un	me(s) and <u>business</u> address(e: der the assumed business nar	s) of the e	entity or individual(s) doing		
_	<u>Name</u>		Complete Address		
GEM State	: Commercial Cleaning loc		GEM STATE COMMERCIAL	Chain	
	<u> C152520</u>		2598 N SHOVELER WAY		
			MERIDIAN, 1D 83642		
3. The general	type of business transacted u	nder the	assumed business name is:		
☐ Retail ☐ Whole ☑ Servic	sale Trade	n and Pul	blic Utilities  Submit Certificate of		
☐ Manufa	acturing		Assumed Business		
☐ Financ	e, Insurance, and Real Estate		Name and <b>\$25.00</b> fee to:		
corresponde	nd address to which future nce should be addressed:		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
5. Name and	address for this acknowledgme	<b>∘n</b> t	Phone number (optional):		
	er than # 4 above).	5110	888-7989		
			Secretary of State use only		
Signature:			095148 Idaho secretary of state		
Printed Name:	TASON C Hosick	forms\abn forms\ Revised 04/2003		95:00	
		R for		SUM NAME # 2	