

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.

03 JUL 22 PH 1: 17

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SEURETARY OF STATE STATE OF IDAHO

	THE UT IVANO
1. The assumed business name which the undersigne	ed use(s) in the transaction of
business is:	
14mber's Cleaning Service	
- Millow O Sewing Gavice	
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	<b></b>
Name	Complete Address
	-
Itmber L. Shepherol 4017	Richardson Boise 10 83705
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	ublic Utilities
Wholesale Trade Construction	
¥ Services ☐ Agriculture	Submit Certificate of
<u>,                                     </u>	Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	14ame and \$20.00 100 to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
correspondence should be addressed.	Basement West
Amber 1. Shephard	PO Box 83720
	Boise ID 83720-0080
4817 Richardson	208 334-2301
BOISE TO 83705	
5. Name and address for this acknowledgment	Phone number (optional):
CODY is (if other than # 4 above):	
oopy to the than # 4 abovey.	
	Secretary of State use only
4	EV 7320
District of the board   Signature of the board	DG7328
Signature: The here Signature required The here Signature	IDAHO SECRETARY OF STATE
Printed Name: Ambor L. Shepherol	07/22/2003
Time rame. This control of the second	CK: CASH CT: 158010 BH: 692388