

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

THES	TI	ASSUMED itle 30, Chapter 21, F iling fee: \$25.00.		S NA	ME	SECRETARY 13	AM 8: 46	E
1.	The assumed business name which the undersigned use(s) in the transaction of business as:							
Shaw	Night Owl Janitorial							
					****	, 11=1		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1): Brieze, LLC(W154057) 430 Page Circle, Burley, ID 83318							
	(Name)	(/	Address)					
	(Name)		Address)					
	(Name)	(/	Address)	<u></u>				
	(Name)		Address)	_				
	. '	·	,					
3.	The general ty Retail Tra Wholesale Services		ransacted under Construction Agriculture Manufacturi	ח	☐ Transpo	s name is: ortation and Put e, Insurance, an		
4.	Mailing addres	ss for future corre	espondence:	5.	Name and add	dress for this ac	knowledgi	ment
	Sheila Shaw				Sheila Shaw			
	(Name) 430 Page Circle		· · ·		(Name) 430 Page Circ	ele		
	(Address)				(Address)			
	Burley, ID 83318 (City) (Sta		(Zipcode)		Burley, ID 833	318 (State	e) (Z)	ipcode)
	(- 4)	,	, , ,		, ,,			
Pri	nted Name: St	neila Shaw			Se	cretary of State use o	nly	
Signature: MA MUX					D:	AHO SECRETARY O 1/13/2016 (05:00	
Pri	nted Name:					5 CT:318932 F O = 25.00 AS		
Sig	gnature:				T 1-	_		
Pri	nted Name:				1) 18	3684		
Sig	nature:	<u>-</u>			~			

Rev. 08/2015