| 227 | | |
|---|--|---|
| | CERTIFICATE OF | FILED EFFECTIVE |
| | ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th | e undersigned |
| submits for filing a certificate of Assumed Business Name. | | usiness Name. SECRETARY OF STATE STATE OF IDAHO |
| <u>Please type or print legibly.</u> Instructions are included on back of applica | | lication. STATE OF IDAHO |
| The assumed business name which the undersigned use(s) in the transaction of business is: | | |
| CM | CLEANING | |
| The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> <u>Complete Address</u> | | |
| CEL | LIA AZZOLA | 326 ARABIAN, POCATELLO ID 83201 |
| _ | | |
| 4. The corr CEL 326 POC 5. Nam | Wholesale Trade Construction | and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | <u>A.C. Lea</u> ame: <u>CELIA AZZOLA</u> Title: <u>OWNER</u> | Secretary of State use only |
| Signature: | | |
| Printed Name: | | IDAHO SECRETARY OF STATE 08/23/2013 05:00 CK: 539275 CT: 156818 BH: 1367289 |
| Capacity/Title: 1 2 25.00 = 25.00 ASSUM WANE 2 | | |
| 9/21/2012 | abn.pmd Rev. 07/ | D165320 |