

## CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 SEP 19 EM 9: 05 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

NOTE: See instructions on reverse before filli	STATE OF TOARD
The assumed business name which the undersign business is:	gned use(s) in the transaction of
Hickman's Cleaning and	Janifor ial Street
2. The true name(s) and business address(es) of the business under the assumed business name:  Name	Complete Address
Metanie V. Mourine -	anpa, Td. 83686
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  **Manufacturing Mining Insurance**  **July 1. **Ju	the assumed business name is:
	Phone number (optional):
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	208-468-4979
	Secretary of State use only
Signature: Melanie Sickman  Printed Name: Melanie Hickman  Capacity/Title: Wine  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  100000000000000000000000000000000000

1 0 25.00 = 25.00 ASSUM NAME # 2

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