

## 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.

02 JUN -6 PM 2: 16

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is:  All About Commercial Re	ecycling
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Noka John Morris	
3. The general type of business transacted ur	nder the assumed business name is:
Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  All About Commercial Revycling  Atm: Nola Morris  406 N. 21 St St	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
ろのらな, ID 83702- 5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional):  208 - 860 - 0846
	Secretary of State use only
nted Name: Now Joan Mom's	1 DAHO SECRETARY OF STATE    State
(see instruction #8 of back of form)	CK: 2569 CT: 158010 BH: 476