CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 64.20 Pursuant to Section 53-504, Idaho Code, the Undersigned? PM '10 gives notice of adoption of an Assumed Pusinger Ma

- Halita Cli	aning Service of Nampa
The true name(s) and business address	()
business under the assumed business r	name is/are: Complete Address
Rochelle Dixon	
Nocretic tripon	1316 9th St. So. Nampo 83
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Est
The name and address to which future correspondence should be addressed:	Phone number (optional):
1316 9m St. S.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this acknowledgm copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE 10/30/2000 09-00

Signature: Keckelle Printed Name! Kochelle

(see instruction # 8 on back of form)

Capacity:

CK: 2496 CT: 137871 BH: 357628

1 0 20.00 = 20.00 ASSUM NAME # 2

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