



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2003 JUN 30 AM 9:20
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

J&C Custom Cleaning

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Jennifer D. Bustamante

601 W. 15th Street, Post Falls, ID 83854

Corinna B. Jacobs

2346 S. Comet Trail, Post Falls, ID 83854

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Corinna B. Jacobs

2346 S. Comet Trail

Post Falls, ID 83854

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

same as above

Phone number (optional):

208-773-0204

Secretary of State use only

Signature: Corinna B Jacobs

(signature required)

Printed Name: Corinna B. Jacobs

Capacity/Title: Partner/Part Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/30/2003 05:00
CK: 3365 CT: 158010 BH: 608514
1 @ 25.00 = 25.00 ASSUM NAME # 2

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