



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED/EFFECTIVE

AUG -1 AM 9:04

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Wendy's Cleaning Service

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

Wendy Baranco

6905 N. Sparrowwing Way  
Menden 29  
83642

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 |  |

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

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

Wendy Baranco  
6905 N. Sparrowwing Way  
Menden 29 83642

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

Phone number (optional):

Secretary of State use only

Signature: Wendy Baranco

(signature required)

Printed Name: Wendy Baranco

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corporate\statn forms\statn.pd5  
Revised 07/2002

IDAHO SECRETARY OF STATE  
08/01/2002 05:00  
CK: 267955877 CT: 154521 BH: 480383  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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