

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 AUG 30 PM 12: 37

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	ISA'S CLEANING SERVICE
The true name(s) and <u>business</u> business under the assumed bu <u>Name</u> LISA MCLUSKIE	address(es) of the entity or individual(s) doing siness name:  Complete Address  4080 LAURELBROOK DR APT 214  POST FALLS, ID 83854
	POST FALLS, ID 03034
Retail Trade Tra Wholesale Trade Co	nsacted under the assumed business name is: nsportation and Public Utilities nstruction
	riculture Submit Certificate of Assumed Business leal Estate Name and \$25.00 fee to:
<ol> <li>The name and address to which correspondence should be addre LISA MCLUSKIE</li> </ol>	essed: 450 North 4th Street PO Box 83720
4080 LAURELBROOK DR APT 214 POST FALLS, ID 83854	Boise ID 83720-0080 208 334-2301
5. Name and address for this ackn copy is (if other than # 4 above):	owledgment
gnature: Lisa Mchushia	Secretary of State use only
rinted Name: LISA MCLUSKIE	
apacity/Title: OWNER	
gnature: rinted Name: apacity/Title:	IDAHO SECRETARY OF STATE    08/30/2010 05:0   CK: 541412 CT: 158010 BH: 1236   1 8 25.00 = 25.00 ASSUM NAME

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