

CERTIFICATE OF

2008 SEP 12 PM 3: 33

SECRETARY OF STATE STATE OF IDAHO

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.

(see instruction # 8 on back of form)

1. The assumed business name which the unde	rsigned use(s) in the transaction of
business is: Cecilia's Mais	d Cleaning
2. The true name(s) and business address(es) of business under the assumed business name: Name Cecilia OBrien	Complete Address 7101 W Cruleal St Nampa, ID \$3651
3. The general type of business transacted und	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Cecilia O'Bien 2101 & Cruteur ST Nampa ID 83605	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	nt
SAME	Secretary of State use only
Signature (signature required) Printed Name (e) I A O Brien	IDAHO SECRETARY OF STATE O9/12/2008 05:00 CK: 96 CT: 158010 BH: 1135725 1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	18 T = 53.80 = 51.80 MOON WINE

D124814