

Capacity/Title: \_\_\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 10 DEC 21 AM 8: 46

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

Cle	ean-N-Gleam
The true name(s) and <u>business</u> address business under the assumed business r	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction Services Agriculture	ition and Public Utilities ion
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     Griselda Lilley     PO Box 82, Star, ID 83669	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	
	Secretary of State use only
rinted Name: Griseida Lilley  Capacity/Title: Duney	
signature:	IDAHO SECRETARY OF STATE  12/21/2010 05:
Printed Name:	CK: 1114 CT: 158010 BH: 125 1 @ 25.00 = 25.00 ASSUM NA

abn.pmd Rev. 07/2010

D144094