



# 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 filling.

FILED EFFECTIVE  
07 AUG 10 AM 9:03  
SECRETARY OF STATE  
STATE OF IDAHO

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

OUTLOOK IMPROVEMENT WITH LIVIN THE SQUEEGEE

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

VIRGIL E. ANDERSON

811 W. 17th

BURLEY, IDAHO

83312

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:

SEE #2 ABOVE

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 #1'S 2+4

Phone number (optional):

Signature: Virgil E. Anderson  
(signature required)

Printed Name: VIRGIL E. ANDERSON

Capacity/Title: OWNER/OPERATOR

(see instruction # 8 on back of form)

State of Idaho Form 505  
Revised 4/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/10/2007 05:00  
CK: 9078946 CT: 158016 BH: 1069984  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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