

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

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

2004 JUN 16 A 10:38

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

business is: Old Time Clea	ne undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address business under the assumed business Name  STHER ROBINSON  MERYL DIXON	ss(es) of the entity or individual(s) doing s name: <u>Complete Address</u> <u>12 455 Loninie Ln. Kuna</u> 336 13455 Loninie Ln. Kuna, To. 83654
	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  ESTHER ROBINSON  19455 LONNIE LANE  KUNA, IO 83634	700 West Jefferson Basement West PO Box 83720
<ol> <li>Name and address for this acknowled copy is (if other than # 4 above):</li> </ol>	Igment Phone number (optional):
	Secretary of State use only
Signature: <u>Esther Robinson</u> Printed Name: <u>ESTHER</u> Robins Capacity/Title: <u>PARTNER</u>	groopitomstabn formstabn p65 Revised 04/2003

IDAHO SECRETARY OF STATE 06/16/2004 05:00 BH: 758787

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