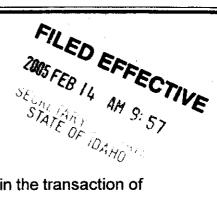


CERTIFICATE OF ASSUMED BUSINESS NAME

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

<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



NOTE: See instructions on reverse before	e filing.
The assumed business name which the und business is: October 1000000000000000000000000000000000000	ersigned use(s) in the transaction of
GLASS Act Window Clean	11.19
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Will McDonald	of the entity or individual(s) doing e: Complete Address 1770 S. Linder Meridian 183642
3. The general type of business transacted und	
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Will McDonald 1770 5. Under Meridian 1D 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above). 	Phone number (optional): 208 311 1794
	Secretary of State use only
Signature: /// (signature required) Printed Name: ///// McDonald Capacity/Title: ////////////////////////////////////	IDANO SECRETARY OF STATE ### OPEN TO PRODUCE TO PRODUC
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