* ; 227	
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Busin Please type or print legibly. NOTE: See instructions on reverse before fi	ndersigned less Name.
<ol> <li>The assumed business name which the undersigned use(s, in the transaction of business is: <u>INFANTE</u> Janitorial Service</li> <li>The true name(s) and business address(es) of the entity or individual(s) doing</li> </ol>	
business under the assumed business name: Name Rafaela Oleon Informate 38 Ap	Complete Address <u>RS N RAMSEY RD</u> <u>DF. 1404</u> <u>EUR D ALENE ID 83815</u>
<ul> <li>3. The general type of business transacted under</li> <li>Retail Trade Transportation and</li> <li>Wholesale Trade Construction</li> <li>Services Agriculture</li> <li>Manufacturing Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>3825 N Ramsey RJ.</li> <li>Apt. 1404</li> <li>Cocur D Alene TD 83815</li> </ul>	
5. Name and address for this acknowledgment COPY is (if other than # 4 above): Signature: <u>Refaela Olea Mante</u> Printed Name: <u>RAFAELA Olea INFANTE</u> Capacity/Title: (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 10/11/2011 05::00 CK: 4000 CT: 158010 BH: 1293770 10 25:00 = 25:00 ASSUM MANE # 2 DISOG91