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CERTIFICATE OF ASSUMED BUSINESS	
Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B	e undersigned
Please type or print legibly. NOTE: See instructions on reverse befo	re filing. SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is: <u>MARIAS</u> <u>RREFered</u> <u>Cleaning</u> <u>SERVICE</u>	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>Maria Gracas Pace</u>	) of the entity or individual(s) doing lie:
<ul> <li>3. The general type of business transacted un</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li><u>Marias' Preffered Cleaning Secondence Sec</u></li></ul>	and Public Utilities Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Secretary of State 700 West Jefferson
<ol> <li>Name and address for this acknowledgmer copy is (if other than # 4 above):</li> </ol>	t Phone number (optional): 208 8989211 Home+Buss, 1-203-520 0083 Cell Secretary of State use only
Signature: Maria Quares Arec (signature required) Printed Name: Maria Gracas Pace Capacity/Title: Owner (see instruction # 8 on back of form)	Secretary of state use only         IDAHO SECRETARY OF STATE         O9/12/2005 05:00         CK: 611298 CT: 172099 BH: 911122         I # 25.00 ASSUM NAME # 2         D9/15/64