

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.

2014 JUN -2 AM 10: 19

Please type or print legibly. Instructions are included on back of application.

SECRETATIVE STATE

	DIS	COUNT VACUUM
	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	<u>Name</u>	Complete Address
:	SHIRLEY D. WALZ	1534 LIDAHO STREET
_		LEWISTON 10 8301
_	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
	Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
coi	e name and address to which future rrespondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720
<u></u> _	EWISTON ID 83501	Boise ID 83720-0080 208 334-2301
<u>t</u> 5. Na	me and address for this acknowledgme by is (if other than #4 above):	ent
5. Na	me and address for this acknowledgm	ent
5. Na	me and address for this acknowledgm by is (if other than # 4 above):	ent Secretary of State use only
5. Na cop ———————————————————————————————————	me and address for this acknowledgm by is (if other than # 4 above):	

D171641

Printed Name: _____

Capacity/Title: _____