

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legible TE: Section:

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

D139057

Girl Friday Mobile Bo	okkeeping Services
2. The true name(s) and business address(es) of business under the assumed business name Name Lucinda (Cindy) Cleveland	•
	er the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Girl Friday Mobile Bookkeeping Services 427 River Dock Rd.	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Weiser, Idaho 83672 5. Name and address for this acknowledgmen copy is (if other than # 4 above): Same as above	
nature: (signature required) nted Name: Cindy Cleveland pacity/Title: Owner (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STA OS/06/2019 OS CK: 1422 CT: 247712 BH: 1.