



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

09 JUN 22 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

- 1 The assumed business name which the undersigned use(s) in the transaction of business is:

A.S.K. Cleaning Service

- 2 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

LINDA R MANN

627 Hoopes Ave #1 Idaho Falls, ID 83401

- 3 The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

- 4 The name and address to which future correspondence should be addressed:

LINDA R. MANN
627 Hoopes Ave #1
Idaho Falls, ID 83401

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

- 5 Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: _____

(signature required)

Printed Name: _____

LINDA R MANN

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

sj:\corporate\slr\forms\slr\slr105
Revised 04/2003

IDAHO SECRETARY OF STATE
06/22/2009 05:00
CK: 30043718 CT: 158018 SN: 1175728
1 @ 25.00 = 25.00 ASSUM NAME # 2

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