CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	STATE UF IDAHO
1. The assumed business name which the undersigned	<u> </u>
businessis: Castle Clean	ing .
2. The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Susan Marte 119	S. Laurel St OST Falls Id
	93857
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pi	ublic Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	On any to a Chate
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Susan Marte	Basement West PO Box 83720
119 S. Laurel St	Boise ID 83720-0080 208 334-2301
# 051 Falls La 6 301/	Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above); 	2086618875
	Secretary of State use only
ignature: SUSAN MARTE Capacity/Title: OU) NER/OPErator	
Printed Name: SUSAN MARK	
	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	04/14/2006 05:0

104HO SECRETARY OF STATE
04/14/2006 05:00
CK: NO CK# CT: 158010 BH: 949244
1 @ 25.00 = 25.00 ASSUM NAME # 2

D98760