

Printed Name: Tina

Capacity/Title: <u>Owner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

ELEO EFFECTIVE 05 APR 19 PM 3: 24

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersigned use(s) in the transaction of business is: On the Boad Again RU Cleaning	
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Ting Krischele Johnson 1025	Complete Address
3.	The general type of business transacted under the	assumed business name is:
4.	Retail Trade Transportation and Purill Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Ting K Johnson 10258 Vixen Dr. Boice ID 83709	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 713-1300
	990	Secretary of State use only
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IDAHO SECRETARY OF STATE **94/19/2006 05:00** CK: 782287 CT: 172899 BH: 958226 8 25.00 = 25.00 ASSUM NAME # 2

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