

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the **units signed** 5 AM 9: 17

Please type or print legibly.

NOTE: See instructions on reverse before filling RETARY OF STATE

SIMILE OF IDAHO		
1. The assumed business name which the u	ndersigned	l use(s) in the transaction of
business is: A Plus Cl	erical Service	es
The true name(s) and business address(e business under the assumed business na		ntity or individual(s) doing
Name	1116.	Complete Address
Juanita J. Roth	РО	Box 3072 Hailey, ID 83333-3072
3. The general type of business transacted u	under the a	ssumed business name is:
Retail Trade Transportation	on and Pub	lic Utilities
☐ Wholesale Trade ☐ Construction	ı ,	
Services Agriculture		Submit Certificate of
		Assumed Business
Finance, Insurance, and Real Estate	е	Name and \$25.00 fee to:
4. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson Basement West
Juanita J. Roth		PO Box 83720
PO Box 3072 Hailey, ID 83333-3072	-	Boise ID 83720-0080
	-	208 334-2301
5. Name and address for this acknowledgn	- nent	Phone number (optional):
copy is (if other than # 4 above):		208-481-1528
	_	
	-	Secretary of State use only
	- 8	
Signature: wante from	g'koorpiformskabn formskabn.p65	
Printed Name: Juanita J. Roth	forms\abn form	IDAHO SECRETARY OF STATE
Capacity/Title:Owner	corpyton	12/15/2005 05:00 CK: 1003 CT: 158010 BH: 926872 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	- _% 5	TE LOUGE - CO. OR HOUSE MAINE M.C.
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