

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

FILED EFFECTIVE

SECRETARY OF STATE

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| Kadiant | Residential Cl | leaning | | | |
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| | entity names and busines ss name (do <u>not</u> include the n | | se doing business | under | |
| Sarah Ma | | Ptosmigan | Hayden Ide | aho 83835 | |
| (Name) | (Address) | | (************************************** | | |
| (Name) | (Address) | ······································ | | | |
| (Name) | (Address) | | | | |
| (Name) | (Address) | | | | |
| 2. The general type of h | usinoss transacted under | the assumed busine | oce nama is: | | |
| The general type of bRetail Trade | usiness transacted under Constructior | | portation and Publi | ic I Itilities | |
| Wholesale Trade | Agriculture | Minir | • | o otilitos | |
| Services | Manufacturii | ng 🗌 Finan | ce, Insurance, and | Real Estate | |
| 4. Mailing address for fu | ture correspondence: | 5 Name and a | ddress for this ack | nowledament | |
| T. Walling address for id | itale correspondence. | copy is (if othe | | lowicaginoni | |
| Swah Mart | - T | (Name) | | | |
| 9664 Prosmi | gan | (O ddgaaa) | | | |
| (Address) Hauden | ID 83835 | (Address) | | | |
| | (State) (Zipcode) | (City) | (State) | (Zipcode) | |
| Printed Name: Swark | 1 Mastin | | Secretary of State use only | y | |
| Printed Name: <u>Safak</u> Signature: <u>Safak</u> | | | IDAHO SECRETARY O | F STATE | |
| Printed Name: | | CK-1 | 07/19/2016 05:00 CK:1604 CT:326897 BH:1538074 | | |
| Signature: | | | 001 011320057 000 = 25.00 AS | | |
| Printed Name: | and the other state of the stat | | Nianna | | |
| Signature: | | | D187950 | | |

Rev. 08/2015