

ATTN: KIM

227



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.

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

SPOTSHINE cleaning services

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

William Alden Legard

819 Coeur d'Alene ave #3

Coeur d'Alene, idaho

83814

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 | |

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

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

William A Legard

819 Coeur d'Alene ave #3

Coeur d'Alene, id 83814

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

Phone number (optional):

Signature: William A Legard

Printed Name: William A Legard

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/29/2004 05:00
CK: 42834254681KAH CT: 172899 BH: 742838
1 @ 5.00 = 5.00 ASSUM NAME # 2

IDAHO SECRETARY OF STATE
04/29/2004 05:00
CK: 83595 CT: 158818 BH: 742829
1 @ 20.00 = 20.00 ASSUM NAME # 2

D75873