



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.

FILED EFFECTIVE

2006 JUL 24 AM 10:22

SECRETARY OF STATE
STATE OF IDAHO

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

"Squeaky Clean Windows"

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Loyd Edward Perry</u>	<u>755 Saturn Ave</u>
	<u>Idaho Falls, ID.</u>
	<u>83402</u>

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 | |

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

Loyd E. Perry
755 Saturn Ave
Idaho Falls, ID.
83402

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):

(Same)

Phone number (optional):

208-523-2146

Signature: Loyd Perry
(signature required)

Printed Name: Loyd Perry

Capacity/Title: Owner - Sole proprietor
(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
07/24/2006 05:00
CK: 1156 CT: 158018 BH: 966329
1 @ 25.00 = 25.00 ASSUM NAME # 2

D101995