## 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.



SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:    Service   Service	NOTE: See instructions on reverse before filing	STATE OF IDAHO
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:    Name	The assumed business name which the undersign business is:	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:    Name	MONION'S CLOANINI	SERVICE
### Printed Name: ### ### ### ### ### ### ### ### ### #	business under the assumed business name:	
3. The general type of business transacted under the assumed business name is:    Retail Trade		
3. The general type of business transacted under the assumed business name is:    Retail Trade		
3. The general type of business transacted under the assumed business name is:    Retail Trade		
Retail Trade		83858
Retail Trade	3. The general type of business transacted under the	assumed business name is:
Copy is (if other than # 4 above):  SAME AS ABOVE  Secretary of State use only  Signature:  Capacity/Title:  Sole Roll: Tok  Secretary of State use only  IDAHO SECRETARY OF STATE  OS/17/2006 05:00  CK: 55595318892 CT: 158010 BH: 978456  1 # 25.60 = 25.60 ASSUM NAME # 2	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  ### ### ### ### ### ### ############	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
Signature:    Compactity/Title:   Sole   Rola; ETOR      Secretary of State use only	COPY IS (If other than # 4 above).	· •
Signature:    Capacity/Title:   Sole   Rola; ETOR   Signature   Si	SAME AS ABOVE	
Printed Name: <u>Monitor S Jaics</u> Capacity/Title: <u>Sole Profe: ETor</u> IDAHO SECRETARY OF STATE  (88/17/2006 05 = 00)  CK: 55595318892 CT: 158016 BH: 978456  1 25.06 = 25.00 ASSUM NAME # 2		Secretary of State use only
Printed Name: <u>Monitor S Jaics</u> Capacity/Title: <u>Sole Profe: ETor</u> IDAHO SECRETARY OF STATE  (88/17/2006 05 = 00)  CK: 55595318892 CT: 158016 BH: 978456  1 25.06 = 25.00 ASSUM NAME # 2		
Printed Name: <u>Monion Saices</u> Capacity/Title: <u>Sole MoraieTor</u> (see Instruction #8 on back of form)  Capacity/Title: Sole MoraieTor	Signature:	
Capacity/Title: Sole Rofa: ETOR (see Instruction # 8 on back of form)	Printed Name: Man C Sign	08/17/2006 05:00
(see instruction #8 on back of form)	Canacity/Title: Sale Park	
	(see instruction # 8 on back of form)	N 102 719