Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

Please type or print legibly. NOTE: See instructions on reverse before filing.	SECULIAN OF CAME STATE OF IDAHO
1. The assumed business name which the undersigned usiness is: LELCIEATING Servi 2. The true name(s) and business address(es) of the entity business under the assumed business name: Name Kathryn Lewis P.O. Berther	tity or individual(s) doing
3. The general type of business transacted under the and Retail Trade ☐ Transportation and Public Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: LELCLEANING Service ☐ P.D. Box 142 ☐ Mountain Home ID 83647 5. Name and address for this acknowledgment copy is (if other than # 4 above):	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 Phone number (optional):
Signature: Kathryn Jewis Printed Name: Kathryn Lewis	Secretary of State use only IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

03/29/2006 05:00

CK: 1391 CT: 158010 BH: 946034
1 0 25.00 = 25.00 ASSUM NAME # 2

D98104