FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name. 2013 APR - 3 AM 11=37

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. instructions are included on back of application.

2.	The Cleaning Lady The true name(s) and <u>business</u> address(es	s) of the entity or individual(s) doing
	business under the assumed business nar Name	me: <u>Complete Address</u>
	Leslie Ann Diffin	419 Miller St # 200
		Lewiston, ID 83501
4.	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Leslie Ann Diffin 419 Miller St #200 Lewiston, ID 83501	Submit Certificate of . Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	ı t
nat	ture: Sislie Am Deffe	Socretary of State use only
_	d Name: Leslie Diffin	
	city/Title: owner	
nat	ture:	
nted	d Name:	