



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
2003 AUG 29 PM 12:35
STATE OF IDAHO

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

Two Sisters Cleaning and Maintenance Service

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

Christine Lewis

729 1/2 Brent Dr.

Carrie Chrisinger

2979 95 South #26

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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:

729 1/2 Brent Dr.

Moscow, ID

83843

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

Phone number (optional):

208-882-6275

Secretary of State use only

Signature: Christine Lewis

(signature required)

Printed Name: Christine Lewis

Capacity/Title: Partner

(see instruction # 8 on back of form)

g:\compform\abn form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
08/29/2003 05:00
CK: 1563 CT: 150010 BH: 699095
1 @ 25.00 = 25.00 ASSUM NAME # 2

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