

Capacity/Title: Currer

(see instruction # 8 on back of form)

## **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. 2004 DEC 13 10110: 08

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- Clean Touch	
2. The true name(s) and business address business under the assumed business r  Name  Lisa Laner  Sabrina Meyers	s(es) of the entity or individual(s) doing name:  Complete Address  923 Girth ("Pestnut St Nampa, s  5200 Aurport Rd, Nampa, sin 83487
3. The general type of business transacted  Retail Trade  Transportat  Wholesale Trade  Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:  Subring Meyers  5200 Hir Port Rd  Nampa 200 83487	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledge copy is (if other than #4 above).</li> </ol>	ment Phone number (optional):
	Secretary of State use only

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IDAHO SECRETARY OF STATE 12/13/2004 05:00 CK: 295 CT: 158010 BH: 781259 1 0 25.00 = 25.00 ASSUM NAME # 2