

## **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. 11 MOV 15 PH 12: 42

STATE OF IDAHO

D59194

5. Name and address for this acknowledgment copy is (if other than # 4 above):  Signature: (signature/equired)  Printed Name: Alsa Luchi  Capacity/Title: Owner	Phone number (optional):  208-283-2315  Secretary of State use only
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Complete Clean  3479 Sugarcyeek dr.  Mexidian, Id 83642	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Alisa Luchi	ne entity or individual(s) doing  Complete Address  3479 Sugar Creek dr  Meridian, Id 83042