

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE

## 2015 APR 16 AH 8: 56

SECRETARY OF STATE

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

Signature:

Printed Name:

Capacity/Title:\_\_\_

Executive Office Cleaning  2. The true name(s) and business address(	(es) of the entity or individual(s) doing
business under the assumed business n Name	
Micaiah Alexander	4738 N Edelweiss Ave. Boise, ID 83713
3. The general type of business transacted  Retail Trade Transportat  Wholesale Trade Construction  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:     Micaiah Alexander     4738 N. Edelweiss Ave. Boise, ID 83713	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above):	nent
ignature: Man Man	Secretary of State use only
rinted Name: Micaiah Alexander Capacity/Title: Manager	IDAHO SECRETARY OF STATE  84/16/2015 05:00

1@ 25.00 = 25.00 ASSUM NAME #2

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