

Signature/

Printed Name:

Capacity/Title:

## **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.

ANGELA M MORT

**OWNER** 

(see instruction # 8 on back of form)

SIMPLY SPOTLESS CLEANING SERVICE	
The true name(s) and business address(es) of thousiness under the assumed business name:	
Name	Complete Address
ANGELA M MORT	3891 E FRENCH GULCH RD
	COEUR D'ALENE, ID 83814
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  ACCURATE BOOKKEEPING	Secretary of State 700 West Jefferson Basement West PO Box 83720
780 N CECIL RD STE 103	Boise ID 83720-0080
POST FALLS, ID 83854-8966	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):

IDANO SECRETARY OF STATE

05/25/2005 05:00

CK: NO CK # CT: 189110 BH: 812466
1 @ 25.00 = 25.00 ASSUM NAME # 2

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