



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.
Instructions are included on back of application.

FILED EFFECTIVE

2013 NOV 29 PM 3:44

SECRETARY OF STATE
STATE OF IDAHO

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

Boise Maid 2 Please

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Amber Viehweg</u>	<u>2675 W. Main St. Boise Id.</u> <u>83702</u>
<u>DeLynne Sprague</u>	<u>314 E. 34th St. Borden City Id.</u> <u>83702</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Boise Maid 2 Please
2675 W. Main St. Boise, Id. 83702

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

Amber Viehweg
314 E. 34th St.
Borden City, Id. 83702

Signature: Amber Viehweg

Printed Name: Amber Viehweg

Capacity/Title: Owner

Signature: DeLynne Sprague

Printed Name: DeLynne Sprague

Capacity/Title: Owner

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
11/29/2013 05:00
CK: CASH CT: 290183 BH: 1400006
1 @ 25.00 = 25.00 ASSUM NAME # 2

D164332