

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/E - ECTIVE

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

01 MAY 21 AM 9: 54 Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:	
K.L.S. Window Clean	109
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Katharine L. Steinke	of the entity or individual(s) doing Complete Address 3132 N. Julia St. #4 Coeur d'Alene IId 83815
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture	and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above). 	Phone number (optional): (SO9) 979.0575
	Secretary of State use only IDANG SECRETARY OF STATE
Signature: Kalhasin Li Stinke	O5/21/2001 09:00 CK: 1173 CT: 146619 BH: 398295 1 9 20.80 = 28.00 ASSUM HAME # 2
Printed Name: Katharine L. Steinke	The company of the control of the co
Capacity: Owner	Month 12 42 44 8

(see instruction #8 on back of form)