

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	the state of the s
The assumed business name which the undersigned business is: Extrome Clean	d use(s) in the transaction of
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Roberta Tean Kenniston (BOLS)	ntity or individual(s) doing Complete Address FIS W. KOYDY OGC C, Td. 83703
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: COCCHA KONDISTON STON STON STON STON STON STON STON	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	•
89	Secretary of State use only
signature: (signature required)	
rinted Name: KODERTEL, KENNISTON	
Capacity/Title: OWOCK	TRAUD CEMPTADY OF STATE

IDAHO SECRETARY OF STATE
11/09/2007 05:00
CK: 113 CT: 158818 BH: 1884847
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