

Signature:

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

**FILED EFFECTIVE** 

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 AUG -8 AM 10: 05

SCORETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	Z-Shine Cleaning				
2.		ntity names and business name (do <u>not</u> include the na			doing business under
	Zakkary M. Shaddy	602 Agate Dr. Kimberly, ID 83341			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)	(Address)		
	(Name)	(Address)			
3.	The general type of bus  Retail Trade  Wholesale Trade  Services	siness transacted under t Construction Agriculture Manufacturin		☐ Transpor ☐ Mining	name is: tation and Public Utilities Insurance, and Real Estate
4.	Mailing address for futu  Zakkary M. Shaddy	re correspondence:	5.	Name and addr	ess for this acknowledgment
	(Name)			(Name)	
	602 Agate Dr.			(A d due - e)	
	Kimberly	ID 83341		(Address)	
	(City)	(State) (Zipcode)		(City)	(State) (Zipcode)
Pri	nted Name: Zakkary M.	Shaddy		Secr	etary of State use only
Się	gnature:	, W			HO SECRETARY OF STATE
Pr	inted Name:				3/08/2016 05:00 CT:158010 BH:1541001
	<del></del>				) = 25.00 ASSUM NAME #2
SI	gnature:			$\bigcirc$ .	0.00
Printed Name:				( )	88417

Rev. 08/2015