



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name:

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

Pro Wash

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

Name	Complete Address
<u>Randy Heffinga</u>	<u>1178 N Blackwolf Ave Kuna ID 83634</u>
<u>Michelle Heffinga</u>	<u>1178 N Blackwolf Ave Kuna ID 83634</u>
<u>Kevin Barton</u>	<u>507 S Grays Ln Pampa ID 83687</u>
<u>Aina Barton</u>	<u>507 S Grays Ln Pampa ID 83687</u>

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Agriculture
- Construction
- Transportation and Public Utilities
- Finance, Insurance, and Real Estate
- Mining

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

Phone number (optional): 927 1683

Michelle Heffinga
1178 N Blackwolf Ave
Kuna ID 83634

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

Signature: Michelle Heffinga

Printed Name: Michelle Heffinga

Capacity: _____

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/2000 09:00
CK: 1349 CT: 135267 BH: 344222

1 @ 20.00 = 20.00 ASSUM NAME # 2

D38499

Revision 1/98

g:\compform\id\abn.p65