

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.

NOTE: See instructions on reverse before filing.



SECRETARY OF STATE
STATE OF DAHO

Dorinna's	s Cleaning Service
The true name(s) and business address business under the assumed business name Name Dorinna Gonzalez	(es) of the entity or individual(s) doing name: Complete Address 1220 E 16th St #17 Burley, ID 83318
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Dorinna Gonzalez 1220 E 16th St #17 Burley,ID 83318	Submit Certificate of Assumed Business
 Name and address for this acknowledgr copy is (if other than #4 above): 	nent Phone number (optional):
	Secretary of State use only
rinted Name: Dokinuc E. Conzale. apacity/Title: Owner # 8 on back of form)	IDAHO SECRETARY OF STATE ##################################

D108278