



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 AUG 31 AM 9:51

SECRETARY OF STATE  
STATE OF IDAHO

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

JL Cleaning Enterprises

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Lois Neihart Rt3 Box 245 Blackfoot ID 83221  
(Name) (Address) (City) (State) (Zipcode)

Josie Neihart Rt3 Box 245 Blackfoot ID 83221  
(Name) (Address) (City) (State) (Zipcode)

\_\_\_\_\_  
(Name) (Address) (City) (State) (Zipcode)

\_\_\_\_\_  
(Name) (Address) (City) (State) (Zipcode)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Josie Neihart  
(Name)  
Rt3 Box 245  
(Address)  
Blackfoot ID 83221  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Josie Neihart

Signature: Josie Neihart

Printed Name: Lois Neihart

Signature: Lois Neihart

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/31/2015 05:00

CK:1463 CT:314010 BH:1490196  
1@ 25.00 = 25.00 ASSUM NAME #2

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