

FILED EFFECTIVE

227



## 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.

2005 DEC -9 AM 8:54

SECRETARY OF STATE  
STATE OF IDAHO

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

Susan's Cleaning Service

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

Name

Susan M Otoole

Complete Address

376 Meadows Lane,  
Twin Falls, ID 83301

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

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

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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

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

Susan's Cleaning Service  
376 Meadows Lane  
Twin Falls, ID 83301

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

First Federal  
P.O. Box 549  
Twin Falls, ID 83303

Phone number (optional):

Signature: Susan M. Otoole  
(signature required)

Printed Name: Susan M Otoole

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
12/09/2005 05:00  
CK: 2777 CT: 158810 BH: 925948  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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