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 The assumed business name which the under the business is: CHEM-DRY 4-SEASONS CARROLLED CARR	re filing. dersigned use(s) in the transaction of PRET CLEANING.
Name	e. <u>Complete Address</u>
GORDON SMITH	995 POLELINE RD. WEST
RHEA SMITH	TWIN FALLS. ID. 83301
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: GORDON SMITH 995 POLELINE RD. WEST TWIN FALLS, ID. 83301 5. Name and address for this acknowledgmen copy is (if other than # 4 above): RECORDON:	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 t Phone number (optional):
	Secretary of State use only
Signature: find ou milli (signature required) Printed Name:	IDAHO SECRETARY OF STATE O4/30/2003 05:00 CX: 31085742 CT: 158010 BH: 677747 1 9 25.08 = 25.08 ASSUM NAME # A
Capacity/Title:	IDAHO SECRETARY OF STATE 94/30/2003 05:00 CK: 31085742 CT: 158010 BH: 677747
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(see instruction # 8 on back of form)

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