



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned, _____, submits for filing a certificate of Assumed Business Name.

ID 81630 PM 3:04

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Serenity Cleaning and Organizing

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

<u>Name</u>	<u>Complete Address</u>
<u>Saywerd Morin</u>	<u>935 North Allumbaugh Boise Id</u> <u>83704</u>
_____	_____
_____	_____

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 | |

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

935 North Allumbaugh
Boise Id
83704

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Saywerd Morin

Printed Name: Saywerd Morin

Capacity/Title: Housekeeper/Organizer

Signature: _____

Printed Name: _____

Capacity/Title: Sole Proprietor

Secretary of State use only

IDAHO SECRETARY OF STATE
08/30/2010 05:00
CK: NO CK # CT: 150010 BH: 1236939
1 @ 25.00 = 25.00 ASSUM NAME # 2

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