



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **2003 JUN -9 PM 2: 19** submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

~~was~~ Western Carpet & Upholstery
Cleaning

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>Boyd Healey</u>	<u>1892 Rock Road</u>
<u>Tim Healey</u>	<u>Mtn Home, ID, 83647</u>
<u>Mahata Healey</u>	<u>Same as above</u>
	<u>Same</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 | |

Submit Certificate of Assumed Business Name and ~~\$20.00~~ fee to:
25.00

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:

Boyd Healey
PO Box 598
Mtn. Home, ID, 83647

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

Phone number (optional): _____

Signature: Tim Healey

Printed Name: Tim Healey

Capacity/Title: partner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/10/2003 05:00
CK: 14522 CT: 150010 BH: 605119
1 @ 25.00 = 25.00 ASSUM NAME # 2

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