

227



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

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

**FILED EFFECTIVE**

2006 SEP 19 PM 2: 16

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:

Chris'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:

<u>Name</u>	<u>Complete Address</u>
<u>Christine Sink</u>	<u>241 Rio Vista</u>
	<u>Oshburn Id 83849</u>
	<u>P.O. BX 139</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:

Christine Sink

P.O. Box 139

Oshburn, ID 83849

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

Phone number (optional):

208-752-2018

Signature: Christine Sink (Signature Required)

Printed Name: Chris Sink

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Form 100  
Revised 04/2003

Secretary of State use only

0103887

IDAHO SECRETARY OF STATE  
09/19/2006 05:00  
CK: 915795 CT: 172899 BH: 975932  
1 # 25.00 = 25.00 ASSUM NAME # 2