

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 MAR -6 PM 2: 55

FILED EFFECT:

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

 The assumed business name which the unbusiness is: 	dersigned use(s) in the transaction of
Bronco Pressure	washing
The true name(s) and <u>business</u> address(es business under the assumed business namename) Name	
William Pecchia	•
VVIIIAM PECCHIA	GZZ TOGSTALCT Nampa Id 83651
The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction We Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 622 Togstad Ct Nampa TJ 83651	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent Phone number (optional):
	Secretary of State use only
Signature: Court M MM (signature required) Printed Name: William Pecchia	See Under Secretary OF STATE 03/06/2006 05:00 CK: 743932 CT: 172899 BH: 941478