CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions DEFFECTIVE)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

	gives notice of adoption of an A	
1.	The assumed business name which the un	ndersigned use(s) in the transaction of
	business is:	Office Co. 10
	A+ CARPET CARE	
	11 CAPTOL SING	
2	The true name(s) and business address(es	s) of the entity or individual(s) doing
۷.	business under the assumed business nar	me is/are:
	ROBYN KINGHORN	Complete Address 159 so MILTON
		SHELLEY 10 83274
		3/1000 1000 1000 11
3.	The general type of business transacted u	inder the assumed business name is:
	(mark only those that apply)	
	Retail Trade Manufacturin	ng Transportation and Public Utilities
		Finance, Insurance, and Real Estate
	Services Construction	•
A	The name and address to which future	Phone number (optional): (208) 357-0500
4.	correspondence should be addressed:	Thomas (opasia).
	A+ CARPET CARE	Submit Certificate of
	159 SU MILTON	Assumed Business Name and \$20.00 fee to:
		Name and \$20.00 fee to.
	SHELLEY ID 83274	Secretary of State
	·	700 West Jefferson
5.	Name and address for this acknowledgme	
	COPY IS (if other than # 4 above):	PO Box 83720
		Boise ID 83720-0080
		208 334-2301
		Secretary of State use only
		Revision 12/99
:	Was Dala Kanahan	Rev.
ignat	ture: 1 organ Trangatore	TRAIN OPENETARY OF STATE
rinted	d Name: ROBYN KINGHOEN	IDAHO SECRETARY OF STATE 82/11/2002 05:00
	/	02/11/2002 05:00 CX: 1294 CT: 157167 BH: 445331 1 0 20.06 = 20.06 ASSUM NAME # 2
,apac	Sky:	DO ON THE PROPERTY OF THE PROP
	(see instruction # 8 on back of form)	D51952