

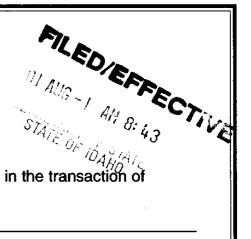
Capacity: Deno

(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.

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



The Nite Owls Cleanin	ng Servic	ee e	
 The true name(s) and <u>business</u> address(e business under the assumed business names) 	•	- · · · · · · · · · · · · · · · · · · ·	
<u>Name</u>		Complete Address	
Kenneth Ray Smith	9950 No. Maple St Trlr #K Hayden ID 83835		
Victoria Nyckalene Smith		9950 No. Maple St Trlr #K Hayden ID 83835	
3. The general type of business transacted	under the a	assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future	on	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State	
correspondence should be addressed: The Nite Owls Cleaning Service PO Box 2052	e -	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	
Hayden ID 83835	-	208 334-2301	
Name and address for this acknowledge	 ment	Phone number (optional):	
COPY is (if other than # 4 above).		208-762-5549	
		Secretary of State use only	
gnature: Vilvici N. Smith.	I I I I I I I I I I I I I I I I I I I		
inted Name: VICTORIA N Smuth	sed 0		

D47288

IDAHO SECRETARY OF STATE

08/01/2001 05:00

CK: 1756 CT: 121557 DH: 418994

8 26.88 = 28.88 ASSUM MANE # 2