

(see instruction # 8 on back of form)

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

2903 SEP 15 AM 9: 06

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE. See instructions of reverse b	STATE OF IDAHO
 The assumed business name which the business is: 	undersigned use(s) in the transaction of
Clear View Proffe:	ssional Window Cleaning
2. The true name(s) and business address business under the assumed business rame Name Greg S. Vivian	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi	ation and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Greg Vivian 560 N. Capital Ave. Idaho Falls, Id. 83402	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge COpy is (if other than # 4 above):	gment Phone number (optional):
same as 4	Secretary of State use only
Signature: Printed Name: Capacity/Title: Owner	Secretary of State IDAHO SECRETARY OF STATE G9/15/2003 G5:200 CK: 1081 CT: 158010 BH: 701624 1 0 25.00 = 25.00 ASSUM WANE # 2

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