Capacity/Title:\_\_\_

e: OWN(V 5
(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.

08 SEP -9 PM 3: 29

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the ur business is:  La Rosas - Clean	
2. The true name(s) and business address(est business under the assumed business name  Name  Luis Rosas  Adavely huerta  3. The general type of business transacted under the assumed business address(est business address))  Name  1015	Complete Address  12807 W. Balcypress Dr  Bosse Ld. 83713
<u></u>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  (Same) 12807 W.  Balcy press Dr. Bassend.	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
<ol> <li>Name and address for this acknowledgme copy is (If other than # 4 above):</li> </ol>	ent
ignature:	Secretary of State use only

IDAHO SECRETARY OF STATE

29/09/2008 05:00

CK: 151638 CT: 172899 BH: 1135185

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