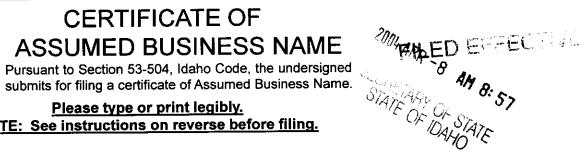


## **CERTIFICATE OF**

## NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



| The assumed business name which the unde<br>business is:  | rsigned use(s) in the transaction of   |
|---|--|
| All Seasons mobile stee   | am and pressure washing  |
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Leland George       |  |
| 3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction                 | er the assumed business name is:   |
| Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate   | Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:                                       |
| 4. The name and address to which future correspondence should be addressed:  Leland George  24th Yucca PL  Nampa, Id. 83686 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301            |
| <ol> <li>Name and address for this acknowledgmen<br/>copy is (if other than # 4 above).</li> </ol>                          | t Phone number (optional):   |
|   | Secretary of State use only  |
| Signature: Heland George Printed Name: Leland George  | IDAHO SECRETARY OF STATE  94/98/2004 05:00  CK: 1143 CT: 158810 BH: 738073  1 0 25.00 = 25.00 ASSUM NAME # 2 |
| Capacity/Title: ()wner.   | 33   |