

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 FEB 21 AM 10: 49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHU
The assumed business name which the unduliness is:	
2 Sisters Cleaning	Service
The true name(s) and <u>business</u> address(es business under the assumed business name).	ie:
<u>Name</u>	Complete Address
Jenny Hanks	1262 stormy
Tesser Townserd.	1899 Chimere
	Meridian, 10 831446
3. The general type of business transacted ur	nder the assumed business name is:
☐ Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction	and Public Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720
1252 Stormy Meridian, 10 83644	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only
	390-1
lignature: Tessa Tounsend	ms)abc
rinted Name: Tessa Townserd	IDAHO SECRETARY OF STATE ### ### ### ### ### ### ############
Capacity/Title: ON PX	N 119262