

(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.

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

1. The assumed	business name which the un	ıdersigne	d use(s) in the transaction of	WANG
business is:	om Clean			
	e(s) and <u>business</u> address(eser the assumed business nan Name L · Rygn	ne:	entity or individual(s) doing Complete Address Lu. Dt. St Mexid	<u>gn Id</u> 83
Retail Tr Wholesa Services Manufac	ale Trade Construction Agriculture	n and Pul		
correspondent Custon Leanda 1131 Lu	4. The name and address to which future correspondence should be addressed: Custom Clean Leanda L. Ryan 1131 W. 7th St Dierijan Id			
5. Name and ad copy is (if other	dress for this acknowledgme	ent	Phone number (optional): 94/-1898	
			Secretary of State use only	
Signature: \(\lambda \) Printed Name: \(\lambda \) Capacity/Title: \(\)	(signature required) anda Ryan when	g toop forms tabn forms tabn. p65 Revised 04/2003	CK: CASH CT: 158018 B	STATE 15 = 00 1: 721885 M NAME # 2