CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus Please type or print legibly. NOTE: See instructions on reverse before 1. The assumed business name which the under	undersigne siness Name filing.	e. State of idaho
business is:		
Top 2 Bottom Cle	eaning Serv	ices
2. The true name(s) and business address(es) business under the assumed business name Name Diana Alquicira	;	ity or individual(s) doing Complete Address rose Drive, Idaho Falls, Idaho 83401
 3. The general type of business transacted und Retail Trade Wholesale Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Diana Alquicira 		
390 Melrose Drive		208 334-2301
Idaho Falls, Idaho 83401 5. Name and address for this acknowledgme copy IS (if other than # 4 above). Hayes Management Services, Inc. 410 Memorial Drive, Suite 205	ent	Phone number (optional): 208-528-2828 Secretary of State use only
Idaho Falls, Idaho 83402 Signature: Diana Aquicina Printed Name: Diana Alquicira Capacity/Title: Owner (see instruction # 8 on back of form)	g.tcorp/forms/abn forms/abn.p55 Rawsed 04/2003	DTSZIZ IDAHO SECRETARY OF STATE 04/12/2004 05:00 CK: 4414 CT: 104250 BH: 7385 1 8 25.00 = 25.00 ASSUM NAME