

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

TE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



The assumed business name which the und	dereigned use(s) in the transaction of
business is:	sersigned use(s) in the transaction of
	COUNTRY BREEZE CLEANING SERVICES
The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
SAbrina ORRIS	21092 Rosewood Dr.
	Greenleaf, ID 83626
3. The general type of business transacted un-	ider the assumed business name is:
•	
Trotal Tado	and Public Utilities
Wholesale Trade Construction	
☐ Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business Name and \$25.00 fee to:
☐ Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Sabrina ORRES	PO Box 83720
21092 Rosewood Dz.	Boise ID 83720-0080
Greenleaf, ID 83626	208 334-2301
Name and address for this acknowledgme	ent Phone number (optional):
COPy IS (if other than # 4 above):	(208)-454-5517
	Secretary of State use only
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11.16	d'uges
gnature: (signature required)	n form
inted Name: SABrina ORRES	990 uqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
apacity/Title: ეაგლი	CK: 46886669399 CT: 158818 DH: 90

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