



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 NOV -3 PM 12: 53

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BROWN'S JANITORIAL

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

ELAINE HORN BROWN 514 SAWYER ST LOT C7 Cascade, ID 83611
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

BROWN'S JANITORIAL, ELAINE HORN BROWN
(Name)

514 SAWYER ST, PO Box 663
(Address)

CASCADE ID 83611
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: ELAINE HORN BROWN

Signature: Elaine Horn Brown

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only
IDaho SECRETARY OF STATE

11/03/2016 05:00

CK:CASH CT:158010 BH:1553727

1@ 25.00 = 25.00 ASSUM NAME #2

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