

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

<u>Clean - n - Glear</u>	<u>Υ</u>
2. The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
	46 N Arches way exidian 10 83642
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Griselda Lillen	Basement West PO Box 83720
4146 N Arches May	Boise ID 83720-0080
Meridian 10 83642	208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
	-
nted Name: Griselda Lilley spacity/Title: Partner	
nature: Sheld hill seguired	
nted Name: GYSelda Lilley	IDAHO SECRETARY OF STATE
pacity/Title: Partner	07/27/2005 05: CK: 345 CT: 158010 BH: 823

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