	CERTIFICATE OF ASSU (Please type or print legibly.	MED BUS	NESS NAME on reverse.)	
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ide gives notice of adoption of an A	aho Code, the u Assumed Busine	ndersigned services state	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	DOODLEBUG HOM	E MAINTEY	VANCE	
2.	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 			
	<u>Name</u>	<u>Com</u>	plete Address	
	R. TODO PREDOVICH	2864 W. CHE	RRY IN. C-103	
		Brise 7	D 83705	
3.	The general type of business transacted (mark only those that apply)	under the assun	ned business name is:	
	☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	☐ Fina n ☐ Mini	: -	
4.	The name and address to which future correspondence should be addressed:	Phone number	(optional): <u>284 - 6 03 6</u>	
	DOODLEBUG HOME MAINTENANCE		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Boise, 10. 83705 Name and address for this acknowledgm copy is (if other than #4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		Revision 12/99	Secretary of State use only IDAHO SECRETARY OF STATE 1/93/2061 @9:00 1: CASH CT: 148316 BH: 378386	
Signature:			: CASH CT: 148316 BH: 378386 8 28.88 = 28.88 ASSUM MANE # 2	
Printed Name: 1000 1 KEDOVICH SQUEETE				
Capad	see instruction # 8 on back of form)	rpVorm	D41493	