

Capacity/Title: Owner

Capacity/Title: _____

Printed Name:

Signature: ____

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.

2013 MAY 31 AM 9: 04

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: M-Clean Cleaning and Restoration 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 2747 W. Wilbur Ave. Coeur d'Alene 1D 83815 Todd McLean 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade 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: 450 North 4th Street PO Box 83720 Todd McLean Boise ID 83720-0080 2747 W. Wilbur Ave. 208 334-2301 Coeur d'Alene ID 83815 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: Printed Name: Todd McLean

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IDAHO SECRETARY OF STATE 05/31/2013 05:00 X: 5367 CT: 283759 BH: 1376093