Printed Name:

(see instruction # 8 on back of form)

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, idaho Code, the undersigned

FILED EFFECTIVE

2006 HOV -6 AM 9: 28

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: A1 Superior Window WASHING 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address 920 Buckskyn DR. 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature:\_\_

IDAHO SECRETARY OF STATE
11/06/2006 05:00
CK: 223 CT: 158010 BH: 1010020
1 0 25.00 = 25.08 ASSUM MAHE # 8

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