

FILED EFFECTIVE

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

09 JAN 28 AM 8:14

SECRETARY OF STATE  
STATE OF IDAHO

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:

Evergreen House Cleaning + Organization

2. The true name(s) and business address(es) of the entity or individual(s) doing  
business under the assumed business name:

Name

Complete Address

Jennifer Williams PO Box 483, Bayview ID  
83803

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

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2304

4. The name and address to which future  
correspondence should be addressed:

Same as above

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

Phone number (optional):

Signature:

Jennifer L. Williams  
(signature required)

Printed Name:

Jennifer L. Williams

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

0127843

IDAHO SECRETARY OF STATE  
01/28/2009 05:00  
CK: 1765 CT: 233582 BN: 1154357  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003