Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)		
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned STATE  gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned us	e(s) in the transaction of
	business is Command Clea	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Fred E. Name Nilsson 925 SI	mplete Address erwood Ave Apt. 30510
	Bois	e, Idaho 83706
3.	The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade	
4.	The name and address to which future correspondence should be addressed:	
	Fred F. Nilsson 925 Sherwood Ave Apt. 30510	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	Boxe, Idaho 83706	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgment	Basement West PO Box 83720
	COPY IS (if other than # 4 above):	Boise ID 83720-0080 208 334-2301
		Secretary of State use only
	Revision 12/89	
Signat	Level Chilson	
)rinta	d Name: Fred FN: 18502 8	

IDAHO SECRETARY OF STATE 12/14/2001 05:00 CK: CASH CT: 154635 BH: 434670 1 0 20.00 = 20.00 ASSUM MANE \$ 2

D 50493