



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

2014 NOV -6 PM 3:49

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Seiko Neska Cleaning Service

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

Name

Elizabeth Mallea

Complete Address

2533 east 3700 North Twin Falls, Idaho 83301

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 | |

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

Seiko Neska (Elizabeth Mallea)
2533 East 3700 North
Twin Falls, Idaho 83301

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

Signature: Elizabeth Mallea

Printed Name: Elizabeth Mallea

Capacity/Title: Owner/Operator

Signature: _____

Printed Name: _____

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

11/07/2014 05:00

CK: 2345572 CT: 172099 BH: 1448490
1@ 25.00 = 25.00 ASSUM NAME #2

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