

CERTIFICATO 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.

NOTE: See instructions on reverse before filing.



1. The assumed business name which the unde	rsigned use(s) in the transaction of
business is:	
American Blind Cleaners	TIL
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Name The general type of business transacted under the assumed business name:	Complete Address 817 22 Avr 625+ Apt #8 Georgiag Tol 89330
्र 💾 🚆 ्र	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Jake Couch American Blind Cleaners III 317 33 Aug West Apf #8 Gooding, Id 83330	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 03/17/2004 05:00 CK: 682 CT: 158610 BH: 733522 1 9 25.80 = 25.00 ASSUM NAME # 2