

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 MAR -8 AM 8: 10

SECRET BY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the und business is:	lersigned use(s) in the transaction of
	ALLSTATE C/	ARPET CARE
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name Name JAMAL JACOB HAMMUDEH	
3.	 Wholesale Trade ✓ Services Manufacturing Construction Agriculture Mining 	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: ALLSTATE CARPET CARE	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
	NAMPA ,IDAHO 83651	208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t
		Secretary of State use only
Signa	ture:	
	ed Name: JAMAL JACOB HAMMUDEH	
Capa	city/Title: SOLE PROPRIETOR	
•	ed Name:	IDAHO SECRETARY OF STATE 93/98/2011 95:00 CK: 1882 CT: 252799 BH: 1263244 1 8 25.80 = 25.80 ASSUM NAME # 2
Capa	city/Title:	D145824

abn.pmd Rev. 07/2010