

Printed Name: Flo Ida

(see instruction # 8 on back of form)

Capacity: () WNE

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED/EFFECTIVE SEP 17 | 07 PM '01

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. SECRE STATE STATE

. The assumed business name which the undersigned business is:	
	itity or individual(s) doing <u>Complete Address</u>
3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  AAC Javitarial SERVICES 3522 E-SPRUCE ST- CALDWELL, T. d. 83605  5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
COPY IS (if other than # 4 above).	( <u>208)453-14</u> 59
ignature: Source 1002)	Secretary of State use only

IDAMO SECRETARY OF STATE

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CK: CASH CT: 151352 BH: 419566
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