



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.

10 OCT -6 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

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

SMC Dumpsters & Cleaning Services

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

<u>Name</u>	<u>Complete Address</u>
<u>Chris Harris</u>	<u>111 N 10th unit-H CDA, ID 83814</u>
<u>Nidia Miranda</u>	<u>111 N 10th unit-H CDA, ID 83814</u>

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 checked="" type="checkbox"/> Construction |
| <input 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:

Chris Harris
111 N 10th unit-H
CDA, ID 83814

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

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

Signature: Chris Harris

Printed Name: Chris Harris

Capacity/Title: Owner-operator

Signature: Nidia Miranda

Printed Name: Nidia Miranda

Capacity/Title: Owner-operator

IDAHO SECRETARY OF STATE
10/06/2010 05:00
CK: 416208595 CT: 158018 BH: 1241976
1 @ 25.00 = 25.00 ASSUM NAME # 2

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