CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name: UL -9 PM 5: 03 1. The assumed business name which the undersigned use(s) in the transaction of business is: ALL SEASONS WINDOW CLEANING 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address CARL W. LLOID 4497 COCHEES WAY BoisE, ID 83709-5525 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of CARL W. LLOID Assumed Business Name and \$20.00 fee to: 4497 COCHESS WAY Secretary of State BOISE, ID 83709-5525 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

07/08/1999 09:00 CK: CASH CT: 117765 BH: 232303

1 0 28.88 = 28.80 ASSUM NAME # 2

1) 27468

Signature: Carl W. Lloid Printed Name: <u>CARL</u> W. LLOID Capacity: (see instruction # 8 on back of form)