

Microsoft

## **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. NOTE: See instructions on reverse before filing.

FILED EFFECTIVE 2010 MAR 24 PM 3: 01

SECRETARY OF STATE STATE OF IDAHO

The Spot	Remove	r ·		· ·
The true name(s) and business address(es) business under the assumed business name     Name     Brian S Dougherty	entity or individual(s) doing  Complete Address  44 Wamstad Rd., Parma Idaho 83660			
Nicole Russell-Dougherty	25244 Warnstad Rd., Parma Idaho 83660			
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The Spot Remover  Po Box 659			te of ess 00 fee to: f State	
Parma, Idaho 83660				•
5. Name and address for this acknowledgmen copy is (if other than #4 above):	t			
		Secretary of State use only		
nature:  (signature required)  nted Name:  Nicole Russell-Dougherty  pacity/Title:  (see instruction # 8 on back of form)	g-toorplomstabn formstabn.p65 Ravised 04/2003	IDÁHO ! @3/24 CK: 487875		ATE 5 <b>: 00</b> 1214537

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