



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2014 DEC -2 PM 12:44

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

PERFECT TOUCH COMMERCIAL CLEANING SERVICE

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>MICHAEL A. SRAMEK</u>	<u>1133 N. ETHRIDGE PL. BOISE ID 83704</u>
<u>BOONYALUC BURAKOM</u>	<u>1133 N. ETHRIDGE PL. BOISE ID 83704</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 type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future
correspondence should be addressed:

MICHAEL A. SRAMEK
1133 N. ETHRIDGE PL.
BOISE ID 83704

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

Signature: MA Sramek

Printed Name: MICHAEL A. SRAMEK

Capacity/Title: PARTNER

Signature: _____

Printed Name: _____

Capacity/Title: PARTNER

Secretary of State use only

IDAHO SECRETARY OF STATE

12/02/2014 05:00

CK:2397372 CT:172099 BH:1451359

10 25.00 = 25.00 ASSUM NAME #2

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