	CERTIFICATE OF ASSUME (Please type or print legibly. See	instructions on reverse.)
	To the SECRETARY OF STATE, STATE (Pursuant to Section 53-504, Idaho (gives notice of adoption of an Assu	Code, the undersigned 3 An 8: 52
2.	The assumed business name which the under business is: The true name(s) and business address(es) o	rsigned use(s) in the transaction of Services of the entity or individual(s) doing
	business under the assumed business name i	is/are: Complete Address
FILE		ame as above 83530
3.	The general type of business transacted unde	er the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public UtilitiesFinance, Insurance, and Real EstateMining
4.	. The name and address to which future Pho correspondence should be addressed:	one number (optional):
	Robert D. Deatherage Go alarty Cleaning Services Rt 2 Box 837-A	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only IDAHO SECRETARY OF STATE

Signature: <u>Bob Deatherage</u> Printed Name: <u>Bob Deatherage</u>

Capacity: Owner

(see instruction # 8 on back of form)

U4/U6/2001 09:00 CX: 162 CT: 144659 BH: 389468

1 8 20.00 = 20.00 ASSUM NAME # 2

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