

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

II JUL II AM. 9: 38

SECTION Please type or print legibly. Instructions are included on back of application.

STATE OF IDAHO
transaction of
al(s) doing
dress
1,83403-3561
ess name is:
ificate of usiness
625.00 fee to:
State th Street 20
720-0080 01

 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
Squeeky Klean	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	
Stephanie M. Lucius	P.O. Box 3551 Idaho Falls 1d, 83403-3551
3. The general type of business transacte Retail Trade Transporta Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities tion re Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Skohania M. Lucius 2005 (ur lew or Ammon IP 83400	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
Signature Stephanie Auries	Secretary of State use only
Printed Name: Stephanie Lucius	
Capacity/Title: <u>OWNOY</u> Signature:	TRANS OPERATOR OF STATE
Printed Name:	
Capacity/Title:	1 8 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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