



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

03 OCT -7 PM 3:46

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

EXPRESS CARPET CARE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

TIMOTHY J. WRIGHT

2096 SHELLEY DR. AYETTE, ID 83661

DALE M. JOHNSON

2096 SHELLEY DR. AYETTE, ID 83661

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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

SAME AS ABOVE

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

Phone number (optional):

(208) 407-7226

Secretary of State use only

g:\corp\forms\labn form\labn.p65 Revised 04/2003

Signature:

(signature required)

Printed Name: TIMOTHY J. WRIGHT

Capacity/Title: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
10/07/2003 05:00
CK: CASH CT: 150010 BH: 785445
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 69549