## FILED EFFECTIVE

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 9: 14

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

Please type or print legibly.

1	Instructions are included on back of application.  The assumed business name which the under	il .
٠.	business is:	
	CLEARWATER SERVICE	5 S
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name  Name	: Complete Address
	MARKE. HOLZMAN 72 SHANN MILLER 77	
		83520
3. 4.	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720
	PO BOX 88 AHSAHKA, ID. 83520 -0088	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
		Secretary of State use only
Printe Capa Signa	ed Name: MARKE, HOLZMAN  acity/Title: PARTNER  ature: M.	IDAHO SECRETARY OF STATE 95/91/2012 95:99
	ed Name: SHKWN MILLER	CK: 50544031825 CT: 158010 BH: 1322167 1 0 25.00 = 25.00 ASSUM NAME # 2
Capa	city/Title: FARTNER	

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