Printed Name: lisa lee hobbs-mcdaniel

Printed Name:

Capacity/Title: sole proprietor

Signature: ___

Capacity/Title:

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

2013 APR 17 PM 3: 19

SECRETARY OF STATE STATE OF IDAHO

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

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: mcdaniel and asociates office cleaning and janitorial services. 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 lisa lee hobbs-mcdaniel 728 1/2 3rd ave e. twin falls, id. 83301 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street robert p. mcdaniel, jr PO Box 83720 Boise ID 83720-0080 728 1/2 3rd ave e 208 334-2301 twin falls, id. 83301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above):

Secretary of State use only

IDAHO SECRETARY OF STATE

94/16/2013 95:00

CK: 1364212 CT: 172099 BH: 1369777

1 8 25.00 = 25.00 ASSUM NAME # 2

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