CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE
2015 MAR -5 AM 8:52
SECRETARY OF STATE
STATE OF IDAHO

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

   SPOT FREE PRESSURE WASHING

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
HECTOR MALDONADO JR	339 TYLER ST, TWIN FALLS ID 83301

3. The general type of business transacted under the assumed business name is:

   - ☐ Retail Trade
   - ☐ Wholesale Trade
   - ☒ Services
   - ☐ Manufacturing
   - ☐ Finance, Insurance, and Real Estate
   - ☐ Transportation and Public Utilities
   - ☐ Construction
   - ☐ Agriculture
   - ☐ Mining

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

   HECTOR MALDONADO JR
   PO BOX 2405
   TWIN FALLS ID 83303

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

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [signature]
Printed Name: HECTOR MALDONADO JR
Capacity/Title: ONWER
Signature:
Printed Name:
Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/05/2015 05:00
CK:2637 CT:307299 BH:1464827
1@ 25.00 = 25.00 ASSUM NAME #2

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