CERTIFICATE OF ASSUMED BUSINESS NAME TIVE (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHOURS 13 1 07 PM 106

Pursuant to Section 53-504, Idal gives notice of adoption of an As	no Code, the undersigned
The assumed business name which the unbusiness is:	
R & R CLE	ANING
The true name(s) and business address(es business under the assumed business name)) of the entity or individual(s) doing ne is/are:
<u>Name</u>	Complete Address
ROSA M. MAROUS?	915 W. GEORGIA AVE NAMPA JO 83686
The general type of business transacted under the assumed business name is: (mark only those that apply)	
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future correspondence should be addressed:	
915 W. GEORGIA AV	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only 130HO SECRETARY OF STATE
Signature: Som Manual	12/13/2000 09:00 CX: CASH CT: 139596 BH: 366439
Printed Name: DOSA M MARGUEZ	1 0 20.00 = 20.00 ASSUM NAME # 2
Capacity:	90 HII 65

(see instruction # 8 on back of form)