## **CERTIFICATE OF** ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

55 AM

Pursuant to Section 53-504, Idaho Code, the undersig	ned <sup>'A/</sup> د م
NOTE: See Instructions on reverse before filing.	<u></u>
	durada) in the transaction of
The assumed business name which the undersigned use(s) in the transaction of	
business is:	
5 Eclearview Window CI	eaning
The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:	
Name	Complete_Address
Linda De Vries 5231	
Knot Idean 5221	of Manage Ct Kindady In
Kristy Johnson 5231	N Montoe ST Mimberry 11
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture	Culturality Constituents of
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
	Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Linda DeVries & Kristy Johnson .	PO Box 83720
523 W Manroe St	Boise ID 83720-0080
Kimberly FD 83341	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above)	208-423-5926
	Secretary of State use only
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature: <u>Inda De Vries</u> Printed Name: <u>Linda De Vries</u> Capacity: <u>Owner</u>	07/03/2001 09:00 CK: 2976 CT: 148398 BH: 486128 1 0 28.08 * 28.08 ASSUM NAME # 2
Signature: Linda De Vries Printed Name: Linda De Vries	· 111 ~ 2
Capacity:	n 46570

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