

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.



	Filing fee: \$25.00.	STATE OF STATE
1.	The assumed business name which the undersign	ed use(s) in the transaction of business is 4//n 1/5
	River City Pressure	Washing
	J	J
2.	The individual and/or entity names and business a	· · ·
	the assumed business name (do not include the name	you listed in #1):
	(Name) (Address)	E. 11th ave Post Falls Id 83854
	(Name) (Address)	
	(Name) (Address)	
	(Name) (Address)	
	The general type of business transacted under the  Retail Trade  Construction  Agriculture  Services  Manufacturing  Mailing address for future correspondence:  Marshal Jine(Son)  (Name)  805 E. Ith ave.	assumed business name is:  Transportation and Public Utilities Mining Finance, Insurance, and Real Estate  5. Name and address for this acknowledgment copy is (if other than # 4):  (Name)
	(Address)  Post Falls ID 83854 (City) (State) (Zipcode)	(Address) (City) (State) (Zipcode)
	inted Name: Marshal Jimerson	Secretary of State use only
Si	gnature: MM///	IDAHO SECRETARY OF STATE
Printed Name:		03/06/2017 05:00 CK:3134 CT:158010 BH:1572250
Si	gnature:	1@ 25.00 = 25.00 ASSUM NAME #2
Pr	inted Name:	
	gnature:	D1921046

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