

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction bo business is: handspape Maintenance 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name **Complete Address** Juan Marlos 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Minina Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (If other than # 4 above): 455-1324 Secretary of State use only Signature: Ican Con

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IDAHO SECRETARY OF STATE @2/09/2007 @5:00 CX: CASH CT: 158816 BH: 1822888 10 25.00 = 25.00 ASSUM MANE N

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