

Capacity/Title: <u>Dwy</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 15 MAR - 1 AH 8: 32 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SEUNE 14 TO TO AHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Two Sisters and A Mom Claning Sonvices	
The true name(s) and business address(es) of the business under the assumed business name: Name	
3. The general type of business transacted under the Retail Trade Transportation and Putth Mholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 205 w38+h5+++ Cambon wy 10 83714	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 424-5107-bml 794-0541-Cell Secretary of State use only
Signature: Completure required)	

IDAHO SECRETARY OF STATE

@3/01/2005 @5:00

CK: 89658747 CT: 158010 BH: 795652
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