

Capacity/Title: UK

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE** 

09 DEC -9 AM 8: 22

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

	• •
1. The assumed business name which the undersig	ned use(s) in the transaction of
business is:	
Go green + clear	
GO GREEN VCICAI	<u>V</u>
<ol><li>The true name(s) and business address(es) of th</li></ol>	e entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
110	
Leah Traw 42	5 5. whitley de
	-11 m / Tra 93/010
	ATTIVINA LIT. BUSIN
3. The general type of business transacted under th	ne assumed husiness name is:
o. The general type of sacritode lightedeted ditact in	
Transportation and	Dublic I Hilitian
Retail Trade Transportation and I	Fublic Othities
☐ Services ☐ Agriculture	
	Submit Certificate of
Manufacturing Mining	Assumed Business
Cinama Incurana and Dad Catata	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Idaho Secretary of State
•	450 N 4th Street
correspondence should be addressed:	PO Box 83720
	Boise ID 83720-0080
Leah Iracy	
4144 Estates Blud.	(208) 334-2301
truit (m) ID. 83619	
P. Manus and address for the control of	
<ol><li>Name and address for this acknowledgment</li></ol>	
CODY IS (if other than # 4 above):	<ul> <li>A second of the s</li></ul>
	Secretary of State use only
	,
Signature: MW MW 1888	IDAHO SECRETARY OF STATE
(signature/squired)	12/09/2009 05:00
Signature:	CK: 8254 CT: 242842 BH: 1198365 1 @ 25.00 = 25.00 ASSUN NAME W 2
Printed Name: LEATH LKACH	T C FOLUS - FOLUS HOURS MANEE & F