

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

Filing fee: \$25.00.

2017.HUL 27 AM 8: 43

SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: MINT CONDITION AUTO DETAILING 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): 1019 N FREDERICK ST POST FALLS ID 83854 JOHN BLANCHETTE (Address) (Name) (Address) (Name) (Address) (Name) (Address) (Name) 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Construction Retail Trade Mining Agriculture Wholesale Trade Finance, Insurance, and Real Estate Manufacturing X Services 5. Name and address for this acknowledgment 4. Mailing address for future correspondence: CODY is (if other than # 4). JOHN BLANCHETTE (Name) (Name) 1019 N FREDERICK ST (Address) (Address) POST FALLS ID 83854 (Zipcode) (City) (Zincode) (State) (City)

Secretary of State use only

IDAHO SECRETARY OF STATE 07/27/2017 05:00

CK:845539 CT:343285 BH:1595531 1@ 25.00 = 25.00 ASSUM NAME #2

Printed Name: JOHN

Signature:

Printed/Name

Signature:

Printed Name:

Signature:

Rev. 08/2015