



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 FEB - 1 PM 12: 29

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 undersigned use(s) in the transaction of business is:

Home Cleaning Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Charlene Maggard

628 5th Ave NO

Connie Johnson

Nampa, ID 83687

119 4th St. N. # 3

Nampa, ID 83687

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Charlene Maggard

628 5th Ave NO

Nampa, ID 83687

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-713-0696

Signature: Charlene Maggard
(signature required)

Printed Name: Charlene Maggard

Capacity/Title: Owner

(see instruction # 8 on back of form)

1000forms Idaho Formulation.pdf
Revised 04/03

Secretary of State use only

IDaho SECRETARY OF STATE
02/01/2006 05:00
CK: 138 CT: 150010 BH: 935374
1 2 25.00 = 25.00 ASSUM NAME # 2

D 96054