

(see instruction # 8 on back of form)

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. CHEER 15 AND: 05

FILED EFFECTIVE

SEGNETAR THE STATE STATE OF TOAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: A NEW Cleanin	9
2. The true name(s) and business address(es) of the business under the assumed business name: Name Midsie Criz Correspondents Boi	entity or individual(s) doing Complete Address STANCE SR TO
3. The general type of business transacted under the assumed business name is:	
☐ Retail Trade ☐ Transportation and Pu☐ Wholesale Trade ☑ Construction	iblic Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
Same	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 703-6457
Midgie OFFIC	Secretary of State use only
Brise 2d 837/3	∞ =
Signature: Signature required Capacity/Title:	1241583
Printed Name: (Signature required) Printed Name: (Signature required)	IDAHO SECRETARY OF STATE 03/16/2004 05:00
Capacity/Title:	03/16/2004 00:00 CK: CASH CT: 158010 BH: 73346 1 g 25.00 = 25.00 ASSUM MANE

IDAHO SECRETARY OF STATE

03/16/2004 05:00

CK: CASH CT: 158010 BH: 733467
1 2 25.00 = 25.00 ASSUM NAME # 3