

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 AUG 13 AM 8: 28

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF STATE

	UMILIE IDITU
1. The assumed business name which the undersign	ned use(s) in the transaction of
business is:	
Dust Fairy Cleaning	
2. The true name(s) and business address(es) of the	e entity or individual(s) doing
business under the assumed business name:	•
<u>Name</u>	Complete Address
Allison Livingston ZI	1) May Kimberly IN 83341
74111300 LIVINGS100 21) (pa) + (++++++++++++++++++++++++++++++++++
o the second sec	a analyzed business name is:
3. The general type of business transacted under th	
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
X Services Agriculture	
Manufacturing Mining	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PO Box 83720
	Boise ID 83720-0080
210 Opal	208 334-2301
14mberly ID 83341	
5. Name and address for this acknowledgment	
copy is (if other than # 4 above).	
	Secretary of State use only
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gnature: (JULISTY) U VINONTON	
inted Name: Allison Livingston	IDAMO SECRETARY OF STATE
	08/13/2014 05:00
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D173138

Printed Name:

Capacity/Title:__