

## 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.

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

2002 JAN -8 AM 8: 35

The assumed business name which the under business is:	ersigned use(s) in the transaction of
POOR MAN CLEA	ANING
2. The true name(s) and business address(es) of business under the assumed business name  Name  CINA GRIFFITH	of the entity or individual(s) doing e: Complete Address
3. The general type of business transacted und	der the assumed business name is:
	and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
POOR MAN CLEANING  208 9TH AVE. N  BUHL, ID. 83316	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
Signature: Lina Triffith	IDAHO SECRETARY OF STATE    1
Printed Name: GINA GRIFFITH	IDAHO SECRETARY OF STATE  1040 SECRETARY OF STATE
Capacity/Title: OWNER  (see instruction # 8 on back of form)	CK: 1419 CT: 158610 BH: 655395 CK: 1419 CT: 158610 BH: 655395 1 0 20.00 = 20.00 ASSUM NAME # 6