

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2009 JAN -8 PM 1:55

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the under business is: Storms Clean The true name(s) and business address(es).	ing Services
2. The true name(s) and business address(es) business under the assumed business name Name Tacob Starms	
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tach Starms 2200 S. Chillian Que Alama and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Signature: Alle Signature required: Printed Mame: Sacob SHOV WS Capacity/Title: OVN C'	Secretary of State use only 1000