227	SECRETARY DE OTATE
CERTIFICATE	
ASSUMED BUSINE Pursuant to Section 53-504, Idaho Co	vide the understand
submits for filing a certificate of Assun	ned Business Name. 2015 MAR 24 AM 8: 16
Please type or print legib Instructions are included on back of	
<ol> <li>The assumed business name which the business is:</li> </ol>	e undersigned use(s) in the transaction of
L and J Mobile Wash	
<ol><li>The true name(s) and <u>business</u> addres business under the assumed business</li></ol>	s(es) of the entity or individual(s) doing name:
Name	Complete Address
Lawrence W Schlenker Jr.	202 N. Lava Ln. apt A Post Falls Id. 83854
<ul> <li>3. The general type of business transacte</li> <li>Retail Trade</li> <li>Transporta</li> <li>Wholesale Trade</li> <li>Construct</li> <li>Services</li> <li>Agricultur</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Est</li> <li>4. The name and address to which future</li> </ul>	ation and Public Utilities tion re Submit Certificate of Assumed Businese
Correspondence should be addressed: Land-Lmobile wash Lawranta W Schlank 202 N. Lava Ln. unit A Post Falls Id. 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 - 208 334-2301
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above).</li> </ol>	ment
Signature: Lawrence WSchlenker	Secretary of State use only
Capacity/Title: Owner Signature: Printed Name:	
Capacity/Title:	$ D_{1-1-1-1}$
/2012 abn.pmd Re	D177776