

CERTIFICATE OF ASSUMED BUSINESS NAME 22 AM 8: 32

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

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

. The assumed business name which the unc business is:	dersigned use(s) in the transaction of
Kayla's Kleaning	Business
 The true name(s) and <u>business</u> address(es) business under the assumed business nam) of the entity or individual(s) doing
<u>Name</u>	Complete Address
<u>Kayla Morris</u>	532 W Cloar Street
	Pocatello, ID
	<u> </u>
Wholesale Trade Construction	nder the assumed business name is: a and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 537 W Cedar Street Polatello, ID 63201	Secretary of State 450 North 4th Street 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
Marila Diagos	Secretary of State use only
nature: Kayla Morns nted Name: Kayla Morns pacity/Title: OWNex	IDAHO SECRETARY OF STAT

abn.pmd Rev. 07/2010

CK:1063 CT:297180 BH:1425924 16 25.00 = 25.00 ASSUM NAME #2

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Signature: + Hutte

Printed Name: _ Capacity/Title: _