

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 SEP 11 PM 2:24

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

All Around Cleaning Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Pam Clary</u>	<u>5377 E. 21st South</u>
<u></u>	<u>Idaho Falls, ID 83401</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

All Around Cleaning Services
5377 E. 21st South
Idaho Falls, ID 83401

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
 450 North 4th Street
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Signature: *Pam Clary*
 Printed Name: Pam Clary
 Capacity/Title: Owner
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 09/11/2013 05:00
 CK: 1546053 CT: 172099 BH: 1389631
 I @ 25.00 = 25.00 ASSUM NAME # 2

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