



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2002 APR 21 AM 9:12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

CARBONATED

ACTION-PLUS CHEM-DRY[®] CARPET CLEANING OF MAGIC VALLEY

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

Name

Complete Address

GORDON SMITH

995 POLELINE RD WEST

RHEA SMITH

TWIN FALLS, ID. 83301

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:

GORDON SMITH

995 POLELINE RD. WEST

TWIN FALLS, ID 83301

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

PRESIDENT

Signature:

Gordon Smith
(signature required)

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

g:corpforms/ln formstatn p65
Revised 05/2002

IDAHO SECRETARY OF STATE
04/30/2003 05:00
CK: 31005742 CT: 158018 BH: 677747
1 @ 25.00 = 25.00 ASSUM NAME # 5

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