

Capacity/Title: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned APR 26 AM 9: 02 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE

138741

NOTE: See instructions on reverse bet	STATE OF IDAHO
The assumed business name which the u business is:	$oldsymbol{G}_{i}$
Paramount Janitor	ial
2. The true name(s) and business address(e business under the assumed business na Name  Chris M. Swanson  Chris M. Swanson	
	2 2 6 2 6
3. The general type of business transacted to Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture	on and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Chris Swanson, 19332 N. Ella Rd. Rathdrum, Id. 23858	( <b>209)</b> - Downson
5. Name and address for this acknowledge copy is (if other than #4 above):	nent
	Secretary of State use only
ignature: Chris function rinted Name: Chris Swauson	IDAHO SECRETARY OF STATE