



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

08 DEC -8 AM 9:31

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

B. A. Office Cleaning

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
<u>Sifet Alispahic</u>	<u>2437 n. Heath Ave.</u>
	<u>Boise Id 83713</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:

Sifet Alispahic  
2437 n Heath Ave  
Boise Id 83713

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

Idaho Secretary of State  
 450 N 4th Street  
 PO Box 83720  
 Boise ID 83720-0080

(208) 334-2301

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: Sifet Alispahic  
(signature required)

Printed Name: Sifet Alispahic

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2005

IDAHO SECRETARY OF STATE  
 12/08/2008 05:00  
 CK: 57675661142 CT: 158018 BH: 1147317  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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