

Capacity/Title:____

9/21/2012

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.

2013 DEC 30 AM 9: 16

167799

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: Dust Free House Keeping 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Gloria Luna 194 teakwood AU Pocatello Id 83201 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture - Services Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 194 teakwood Au Boise ID 83720-0080 Pocentello Id 208 334-2301 83201 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: Clorie hun

Printed Name: Gloria Lung Capacity/Title: Dust Free IDAHO SECRETARY OF STATE 12/30/2013 05:00 CK: 21657625831 CT: 291857 BH: 1483482 1 8 25.80 = 25.80 ASSUM MAME # 2 Signature: Printed Name: