

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

11 APR -7 AM 11: 45

SECRETARY OF STATE STATE OF IDAHO

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

	business is: Odins cal	rpet cleaning
2.	The true name(s) and <u>business</u> address(es business under the assumed business nar <u>Name</u> Christopher S Smith	
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
	Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed: Christopher S Smith	Secretary of State 450 North 4th Street PO Box 83720
	1045 Arrowrock ave Middleton Id 83644	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt
liana	The state of the s	Secretary of State use only
_	ed Name: Christopher S Smith	
	city/Title: Owner	
-	ture:	TRAIN OFFERTARY OF STATE
_	ed Name:	IDAHO SECRETARY OF STATE  04/07/2011 05:00  CK: 4832 CT: 158810 BH: 1268166
~	4 Persit	1 8 25.08 = 25.08 ASSUN MAME # 2

abri.pmd Rev. 07/2010

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