

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. 2004 AUG 20 A 9:37

STATE OF IDAHO

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

business is:	"DONA CLE	ANING SER	VICES"	
The true name(s) and business address(es business under the assumed business name Name Donatila Cruz		ame:	entity or individual(s) doing Complete Address 72 Lovejoy St. Idaho Falls, ID 83401	
3. The general	type of business transacted Trade Transportation			
Servic Manuf	sale Trade		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
corresponde	nd address to which future nce should be addressed: y St. Idaho Falls, ID 83401		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	address for this acknowledgn er than # 4 above): N/A	- nent	Phone number (optional): 1-208-552-1940	
			Secretary of State use only	
Signature:	24-	g:toopylomslabn farmslabn.p65 Revised 04/2003		
Printed Name:	(signature required) Donatila Cruz	formstabn form Revised 04/2003		
 Capacity/Title:	Owner	orp\formv	Regardent Parkers Andrews Andr	
	uction # 8 on back of form)	8	IDAHO SECRETARY OF STATE 08/20/2004 05:00 CK: 206 CT: 158010 BH: 761950 1 @ 25.00 = 25.00 ASSUM NAME I	

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