CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

To the SECRETARY OF S' Pursuant to Section	TATE, STATE OF ID 53-504, Idaho Code, tion of an Assumed E	the unders	ghed 23 AM 9: 09 me. STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is: Streak Free Window Cleaning			
2. The true name(s) and b business under the assume the assument of the second	umed business name	is/are:	or individual(s) doing nplete Address 지 # 역 Pocalello ID 동3401
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade			
4. The name and address correspondence should Levin Dustin 755 Franklin Pocatello I 5. Name and address for the state 10 10 10 10 10 10 10	be addressed: H 9 0 83201		Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
COPY IS (if other than # 4 above)		vision 2/97	Boise ID 83720-0080 208 334-2301 Secretary of State use only IMAIO SECRETARY OF STATE 86/23/1999 69:00 CX: 555 CT: 117179 3H: 228164

Signature:

Printed Name: Kevin Dustin

Capacity:_____

(see instruction # 8 on back of form)