

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

MAR 7 1 00 PM

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

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

NO - View Window cleaning

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

| Name | Complete Address |
|--------------------------|--|
| <u>Michael C. GRIMES</u> | <u>4510 S. Timmridge Wy Boise Id 83716</u> |
| <u>CRISTIN R. GRIMES</u> | <u>4510 S. Timmridge Wy Boise Id 83716</u> |

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 384-5712

NO - View Window cleaning

4510 S. Timmridge Wy

Boise Id 83716

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [Signature]

Printed Name: Michael C. GRIMES

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 03/07/1997

0900 70982 2

CK #: NO CK # CUST# 77838

ASSUM NAME 1@ 20.00= 20.00

: D

Revision 2/97

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