

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name: 201131 431 9: 01

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

(see instruction #8 on back of form)

The assumed business name which the und business is:	
Clean Swe	Rep
2. The true name(s) and <u>business</u> address(es) e business under the assumed business name:  Name  Duane A. Minden	of the entity or individual(s) doing
The general type of business transacted und	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction	and Public Utilities
Services	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Duane A. Minden 1255 West Cove Road Viola. ID 83872	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen	t Phone number (optional):
COPY IS (if other than # 4 above):	208-858-2108
	Secretary of State use only
Signature: <u>Aleque A. Minden</u> Printed Name: <u>Dune A. Minden</u> Capacity: Owner	IDAHO SECRETARY OF STATE  10/31/2002 05:00  CK: 4037 CT: 158010 BH: 643588  1 6 20.86 = 20.00 ASSUM NAME # 2

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