



# 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**

08 SEP 16 PM 4:39

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Two Frogs Window Cleaning

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

Name

Leroy Poen

Complete Address

P.O. Box 322 Emmett ID 83617

3. The general type of business transacted under the assumed business name is:

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

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

Leroy Poen  
P.O. Box 322  
Emmett ID 83617

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

Signature: [Signature]

(signature required)

Printed Name: Leroy Poen

Capacity/Title: Owner/Manager

(see instruction # 8 on back of form)

Secretary of State use only

D124869

IDAHO SECRETARY OF STATE  
09/16/2008 05:00  
CK: 153578 CT: 172099 BH: 1136209  
1 @ 25.00 = 25.00 ASSUM NAME # 2