

**Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.**

**Please type or print legibly.**

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

SECRETARY OF STATE  
STATE OF IDAHO

- # THE DUST MITE DOCTOR

- Name**

PAUL RAY JOHNSON

**Complete Address**

3421 E MOUNTAIN VIEW DR. POST FALLS IDAHO 83854

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assume  
 Name a

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

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

PAUL R. Johnson

3421 E. MOUNTAIN VIEW DR.

POST FALLS, IDAHO 83854

**Secretary of State  
700 West Jefferson  
Basement West  
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):**

208-818-4907

**Signature:**

*R. L. Khan*  
(signature required)

Printed Name: PAUL R. JOHNSON

Capacity/Title: OWNER

(see instruction # 8 on back of form)

**Secretary of State use only**

IDAHO SECRETARY OF STATE

09/28/2006 05:00

CK: 1895 CT: 204911 BH: 977543

1 @ 25.00 = 25.00 ASSUM NAME # 2

Revised 04/2003

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