CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE STATE OF IDAHO

	Pursuant to Section 53-504, Ide gives notice of adoption of an A	aho Code, the	undersign ed JU∷ -5 & A
1.	The assumed business name which the u business is:	ndersigned use	e(s) in the transaction of DAHO
	American Hood Clea	ining	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Con	nplete Address
	Ctell Martin	Rt 1 Box 19	of Culderay, Id. 83524
3.	The general type of business transacted (mark only those that apply)	ınder the assur	med business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Fina ı ☐ Min	•
4.	The name and address to which future correspondence should be addressed:	Phone number	(optional). 208-836-5620
	Rt 1 Box 101		Submit Certificate of Assumed Business
	Culderac Idaho 83524		Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		BD	Secretary of State use only IDAHO SECRETARY OF STATE
		Revision 1/98	06/05/2000 09:00 CK: 1850 CT: 138944 BH: 323638
Signate	ure moth)	1 0 20.00 = 20.00 ASSUM NAME # 2
Printed	Name: Creil Martin ity: Owner - Manager	ms/alon, p65	
Capac	ity: Owner - Manager	orms/at	

(see instruction # 8 on back of form)

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