



CERTIFICATE OF ASSUMED BUSINESS NAME

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 filing.

FILED/EFFECTIVE
FEB 28 1 34 PM '01

SECY.
STATE

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

Final Phase Cleaning

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

Name

Tracy Gabbard

Complete Address

16451 Rainbow Dr.
Nampa, ID 83687

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 checked="" 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:

16451 Rainbow Dr.
Nampa, ID 83687
(Tracy Gabbard)

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

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

Phone number (optional):

461-8476

Signature:

Tracy Gabbard

Printed Name: Tracy Gabbard

Capacity: Owner

(see instruction # 8 on back of form)

g:corpforms&bn formstabin p65
Revised 01/2001

Secretary of State use only
IDaho SECRETARY OF STATE

02/28/2001 09:00
CK: CASH CT: 142895 BH: 381798

1 @ 20.00 = 20.00 ASSUM NAME # 2

#1043092