



**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.**

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

## McLaughlin Quality Cleaning

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

Name	Complete Address
<u>Franklin Eugene McLaughlin</u>	<u>536 B 2nd Ave West Twin Falls, Id 83301</u>
<u>Shanika Marie McLaughlin</u>	<u>536 B 2nd Ave West Twin Falls, Id 83301</u>

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation
<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	

- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Frederick and Sheri Lee 1115 Longfellow  
536 13 2nd Ave West  
Twins Falls, ID 83301

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

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

Secretary of State use only

Signature: Franklin M. Lusk  
(signature required)

Printed Name: Franklin McLaughlin

Capacity/Title: Owner

(see instruction # 8 on back of form)

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IDaho SECRETARY OF STATE  
03/19/2007 05:00  
CK: 2770119216 CT: 158016 BH: 1040892  
1 # 25.00 = 25.00 ASSUM NAME # 2

Douglas