| CERTIFICATE (| OF ASSLIM | ED BUSINES | SNAME |
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| the SECRETARY OF STAT | E, STATE OF ID | AHO | |
| Pursuant to Section 53-5 footion of an Assumed Busine | iu4, idano Code, ess Name. | me undersigned giv | es nouce of |
| The assumed business nam | | minned upo/o) in the | a transaction of |
| | e winch frie filide | isigned use(s) in un | 3 ((21.102000)) |
| business is: | Cleaning | Services | |
| , w | • | • | ······································ |
| The gue name(s) and busine business under the assumed | ss address(es) o business name i | f the entity or individ s/are: | nai(s) doing |
| Name | | Addre | 955 mai 1 1 () |
| Kecky Wright | | 5 Pacific F | Ave Middleton, |
| henneth Dale Wri | ght. TR 19 | 5 tacific A | 10 Middleton, I |
| | | , | 0 |
| The general type of business | transacted under | the openmed histing | ses name is: |
| The general type of business | naneacted midel | Mic Spriller promy | |
| Services | | | |
| See categories on the reverse | | • | · |
| | | | and: |
| he name and address to which | | | |
| Rockyllright 19 | 5.700710 | H1/0, 11/1/1G | 83644 |
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| | Signed | | .0 |
| | By | | <i>X</i> < |
| · | Capacity 60 | neral-partner | |
| | | • | |
| bmit Certificate of Assumed siness Name and \$20.00 fee | | omer# | |
| | | Secretary of | State use only |
| cretary of State | 6 | IDANO SECRETARY | r of state |
|) West Jefferson Box 83720 | | 12/20/200 CX: NO CX CT: 139 | |
| se ID 83720-0080 | | : | 872 BH: 367941 88 ASSUM HAME N 2 . |
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