

## **CERTIFICATE OF** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2005 JAN 28 AM 8: 59

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersigned business is:	
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  P.O  Gran	Complete Address  Box 35  Grille, ID  83530
3. The general type of business transacted under the a  Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Cruss Cleaning Services P.O. Box 35  Grangeville, ID 33530	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): (국어) 860-726/
Signature: Maly la Crass  Printed Name: Gabriela Crass  Capacity/Title: Owner	IDANO SECRETARY OF STATE 91/28/2005 95:00 CK: 2863 CT: 158610 BH: 789987 1 8 25:88 = 25:80 ASSUM NAME #

1 @ 25.98 = 25.80 ASSUM NAME # 2

