



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 89 APR 13 AM 9:05
gives notice of adoption of an Assumed Business Name.

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

A-1 Cleaning

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

Name	Complete Address
<u>Kristie Netjes</u>	<u>757 N. Honey Locust Apt #3 Twin Falls, Id 83301</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): (208) 734-1531

Kristie Netjes
757 Honey Locust Apt. #3
Twin Falls, Id 83301

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

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

Signature: Kristie Netjes
 Printed Name: Kristie Netjes
 Capacity: proprietor
 (see instruction # 8 on back of form)

Revision 1/88 g:\corp\forms\abn.p65

Secretary of State use only
 IDAHO SECRETARY OF STATE
 04/13/1999 09:00
 CK: 119 CT: 114009 BH: 206644
 1 @ 20.00 = 20.00 ASSUM NAME # 2
024984