SULED EFFECTIVE



Capacity/Title: Oいんぐへ

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2905 OCT 16 AM 10: 53

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STAM. STATE OF LOWO

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

business is:	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name	
1 - 1 - M 11 - 1 - [1]	03 N.21 ST eise, ID 83702
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Cree.N Clean 1502 N. 2157 Boise, ID 83702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
gnature: LEONA M. HOWELL	
inted Name: LEONA M. HOWELL	

IDAHO SECRETARY OF STATE
10/16/2006 05:00
CK: 4 CT: 158010 BH: 988254
1 0 25.00 = 25.00 ASSUM MANE # 2

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