

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

06 FEB -9 AM 10: 01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the business is: Maria L lea	undersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(business under the assumed business name Name	
Maria L. Ramirez	271/ Carnegie St caldwell Id 83607
3. The general type of business transacted Retail Trade Transportati	under the assumed business name is: ion and Public Utilities
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Esta 	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 27/1 Carnegie St Caldwell Iolatto 83607	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional): 908 455 56 52
gnature: Manua tamus	Secretary of State use only

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Komilez

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/09/2006 05:00

CK: 3864 CT: 158818 BH: 936974

1 @ 25.88 = 25.88 ASSUM NAME # 2

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