



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 FEB 11 AM 9:38

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Viva Taqueria

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

Name

Viva Operations, Inc.

(C158291)

Complete Address
411 North Main St.,
P.O. Box 4065, Hailey, Idaho 83333

3. The general type of business transacted under the assumed business name is:

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

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

P.O. Box 4065

Hailey, ID 83333

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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):

Signature: Robert C. Cronin
(signature required)

Printed Name: Robert C. Cronin

Capacity/Title: _____

(see instruction # 8 on back of form)

Form 247902
Revised 04/2002

IDAHO SECRETARY OF STATE
02/14/2005 05:00
CK: 4582 CT: 94558 BH: 792797
1 @ 25.00 = 25.00 ASSUM NAME # 2

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