

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.

Please type or print legibly.

08 DEC | | PM 1:53

NOTE: See instructions on reverse peror	
	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the und	ersigned use(s) in the transaction of "
business is:	RKET
WIAL MA	M N E/
O The to a constant of the state of the	
2. The true name(s) and business address(es)	
business under the assumed business name Name	e. Complete Address
	423 S LINCOLN AVE JEROME, ID 83338
Mario Diaz &	
Michelle L. DiAZ	11
	÷
<ol><li>The general type of business transacted und</li></ol>	der the assumed business name is:
	and Public Utilities
Wholesale Trade Construction	
✓ Services	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
	Idaho Secretary of State
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	450 N 4th Street
correspondence should be addressed.	PO Box 83720 Boise ID 83720-0080
423 S LINCOLN AVE JEROME, ID 83338	Boise ID 63720-0060
	(208) 334-2301
	,
<ol><li>Name and address for this acknowledgmer</li></ol>	nt
COPy iS (if other than # 4 above):	
	Secretary of State use only
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$M \subset D$	1000 SECRETARY OF STATE 12/11/2008 65:00 12/11/2008 65:00
gnature: //anib //:a 2_	TAME APPRICADE AF ATATE
nted Name: MARIO DIAZ	IDAHO SECRETARY OF STATE 12/11/2008 05:00  CK: COSH CT: 158818 BH: 11479
RECEINANTE. TWO COLE	<b>CK: CASH CT: 158010 BH: 11479</b>

**OWNERS** 

(see instruction # 8 on back of form)

12/11/2008 05:00 CK: CASH CT: 158010 BH: 1147947 0 25.00 = 25.00 ASSUM NAME N 2

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