

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. 05 APR 18 PM 3: 33

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

SECRED AT OF STATE

| | STATE OF IDAMO |
|---|--|
| The assumed business name which the ur business is: | ndersigned use(s) in the transaction of |
| Angel's Dryw | <u>all</u> |
| The true name(s) and <u>business</u> address(extended business under the assumed business name Name | ne: |
| Maria Estrada | Complete Address |
| Maria EStrada | 8781 Blue Pim |
| | 150ise 70 83716 |
| <u></u> | nder the assumed business name is: |
| Wholesale Trade Services Manufacturing 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: María Estrada 8281 Blue Rim Baise ID 83716 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgme copy is (if other than #4 above): | Phone number (optional): 429-67-95 |
| | Secretary of State use only |
| Signature: Maria Estrada Printed Name: Maria Estrada Capacity/Title: Owner (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 94/18/2006 05:00 CK: CASH CT: 158810 BH: 949933 1 8 25.88 = 25.88 ASSUM NAME # 2 |