

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 50-504, Idaha Code, the undersigned submits for filing a certificate of Assumed Business Name.

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Please type or print legibly.	ore filing
NOTE: See instructions on reverse bef	ore ming.
1. The assumed business name which the unbusiness is: The Local Guy Res	-
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Sorge Fuentes 36	me: Complete Address
3. The general type of business transacted u	inder the assumed business name is:
Retail Trade Transportation 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:	Secretary of State 700 West Jefferson
The Clie	Basement West
focatello ID 83201	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	Phone number (optional): (208) 232-2846
1156 Booth	Secretary of State use only
POCATEILO ID 83201	S L89 LW
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g. corp/forms/abn forms Revised 04/2003

Printed Mame: 3

Capacity/Title: 6 W/e

(see instruction # 8 on back of form)