

Capacity/Title: Owner

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

10 AUG -6 AM 8: 04

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

	Rockstar Rae
	ress(es) of the entity or individual(s) doing
business under the assumed busine <u>Name</u>	ess name: <u>Complete Address</u>
Tiffany Jacobs o n	339 Tyler St Twin Falls, Idaho 83301
Aclaidet Maldonado	2124 Stadium Blvd. Twin Falls idaho 83301
Adaldet Maldonado	2124 Otadum Biva. Twiff and tauto 55501
The general type of business transa	cted under the assumed business name is:
	ortation and Public Utilities
☐ Wholesale Trade ☐ Constr	ruction
Services Agricu	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real	
The name and address to which fut	Occident of clare
correspondence should be addresse	ed: 450 North 4th Street PO Box 83720
339 Tyler St.	Boise ID 83720-0080
Twin Falls, Idaho 83301	208 334-2301
and the second s	
Name and address for this acknowle	edgment
COPY IS (if other than # 4 above).	
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	Secretary of State use only
ure: Lillary Jacobsy	A
	014124
Name: Vitany Jacobson	1)141099

abri.pmd Rev. 07/2010