



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

2014 JUL 30 PM 12:48

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

GRUPO HERNANDEZ

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

Name

Complete Address

BERTHA DE LA ROSA HERNANDEZ 4617 CAMPO CT CALDWEL, ID 83607
JOSE ELIAS ADEL VEGA HERNANDEZ 2407 SYRINGA LN CALDWEL, ID 83605

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:

GRUPO HERNANDEZ
4617 CAMPO CT CALDWEL, ID 83607

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Bertha De La Rosa Hernandez

Printed Name: BERTHA DE LA ROSA HERNANDEZ

Capacity/Title: OWNER / MANAGER

Signature: Jose Elias Adel Vega

Printed Name: JOSE ELIAS ADEL VEGA HERNANDEZ

Capacity/Title: OWNER / MANAGER

Secretary of State use only

IDAHO SECRETARY OF STATE

07/30/2014 05:00

CK: CASH CT: 299570 BH: 1435381
1@ 25.00 = 25.00 ASSUM NAME #2

D 172870