

Capacity:

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTI

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2002 PPT 15 AH 8: 42

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

Please type or print legibly.  NOTE: See instructions on reverse before filing	· Park to a plate
<del></del>	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  TACOS DOS HERMANOS  TACOS DOS HERMANOS	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Name  Name  Name  Name	entity or individual(s) doing  Complete Address
3. The general type of business transacted under the assumed business name is:  Transportation and Public Utilities	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>337 S LOCUST ST TWIN FALLS ID</li> <li>83301</li> <li>5. Name and address for this acknowledgment</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
copy is (if other than # 4 above):	(208) 420-0839
	Secretary of State use only
Signature: JOEL ACEMAN  Printed Name: JOEL ACEMAN	IDAHO SECRETARY OF STATE  10/15/2002 05:00  10/15/2002 05:00  CK: 6529175295 CT: 158818 BH: 575895  1 8 28.08 = 28.08 ASSUM NAME # 2

10/15/2002 05:00 CK: 6529175295 CT: 158010 BH: 575895 1 0 20.00 = 20.00 ASSUM NAME # 2

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