

Capacity/Title: du vee

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 AUG -7 PM 2: 02

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) of the business under the assumed business name: Name Ron REYNOSO	e entity or individual(s) doing Complete Address 32 Potter D., 3015e JJ 83706
3. The general type of business transacted under th Retail Trade Transportation and F Wholesale Trade Construction	
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
1. The name and address to which future correspondence should be addressed: SAME	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	(208) 334-2301
	Secretary of State use only

IDAHO SECRETARY OF STATE

98/07/2009 05:00

CK: 294399 CT: 172899 BH: 1182871

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