

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTEV

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1 1 1 1 PH 1: 17

STATE OF IDAHO

D61462

1. The assumed business name which the under business is: ACUERIA 2. The true name(s) and business address(es) or business under the assumed business name: Name BENITO ALTAMIRADO L	ASTILLOS
3. The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: BENITO ALTAMIRANO 5449 W SAMARA CRT	r the assumed business name is:
Soise ID 83703 5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (08) 429 1880 Secretary of State use only
Printed Name: BENITO ALTAMIRANO	IDAHO SECRETARY OF STATE 9
Capacity/Title: OWNER (see instruction # 8 on back of form)	1 20.06 = 20.06 ASSIM HAME # 2