

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)

03 NOV 19 PH 12: 34 SECRETARY OF STATE STATE OF IDAHO

		IDAHU	
The assumed business name which the under business is:	signed	use(s) in the transaction of	
LIBRERIA GENESIS			
			-
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:	of the en	ntity or individual(s) doing	
business under the assumed business name. Name		Complete Address	
RIGODERTO MADRIGAL	263	3 ZNG ST SOUTH NAMPA	<u> I</u> U53657
MARTA MADRICAL	11		
· · · · · · · · · · · · · · · · · · ·			_
3. The general type of business transacted unde	er the as	ssumed business name is:	
Book STON€ ☐ Transportation a	nd Puhl	lic Utilities	
7 Tetaii Trade	uD		
☐ Wholesale Trade☐ Construction☐ Agriculture	ſ	Culturit Contificate of	
	1	Submit Certificate of Assumed Business	
		Name and \$25.00 fee to:	
Finance, Insurance, and Real Estate		Constant of City	
4. The name and address to which future	ļ	Secretary of State 700 West Jefferson	
correspondence should be addressed:	j	Basement West	
2012 3 Rd ST SOUTH		PO Box 83720 Roise ID 83720-0080	
NAMPA ID 83651	Ì	Boise ID 83720-0080 208 334-2301	
	ì		
Name and address for this acknowledgment	t	Phone number (optional):	
COPY is (if other than # 4 above).		208 989-729 F	
• •		V	
		Secretary of State use only	
	ιŋ	070799	
$Q_{ij} = A_{ij} + A$	abn.p6	121011C1	
Signature: (signature required)	forms \ 2003	TRAIN CONCEANT AF ATA	TF
Printed Name:	corptomstabn formstabn.p65 Revised 04/2003		: 00
· · · · · · · · · · · · · · · · · · ·	rp Vorn Revi	CK: CASH CT: 158010 BH: 1 @ 25.00 = 25.00 ASSUM	712524 NAME # 2
Capacity/Title:	3		