Signature:

Capacity:

Printed Name:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions prevent) EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 9: 92 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use sparting tracks ction of business is: Banda Detail 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Gildardo Garcia 1303 Clainevicula. 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): (208) 528-2937 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE

04/23/2001 09:00 CK: 277952489 CT: 145378 BH: 392723

1 @ 20.88 = 20.80 ASSUM MANE # 2

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