

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 0 JUN -2 AM 8: 07 submits for filing a certificate of Assumed Business Name.

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

Capacity/Title: Quear / Manas

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

GAVINO CARPETS	
The true name(s) and business address(e business under the assumed business na Name     GAVINO MONREAL	
3. The general type of business transacted u	under the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  17317 N. ARMSTEAD AVE NAMPA, ID 83687	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
nature: <u>Gavino monre al</u> (eignature required) nted Name: <u>Gavino monreal</u>	Secretary of State use only  S002M0