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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 SECRETARY OF STATE	
Please type or print legibly. Instructions are included on back of application.	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is: <u>FRUTERIA</u> DEL VALLE</li> </ol>	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> <u>MIGUEL OROZCO</u> <u>DIS MCGRAHH PJ</u> <u>EAGLE ID 83616</u>	
<ul> <li>3. The general type of business transacted under the</li></ul>	
4. The name and address to which future correspondence should be addressed: <u>2940</u> W. OVERLAND Rd. BOISE ID 83705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): <u>2018 MCGRAHRL</u> <u>EAGLE ID 83616</u>	
Signature: <u>Mgrel Oron CC</u>	Secretary of State use only
Capacity/Title: Signature: Printed Name:	IDAHO SECRETARY OF STATE 05/24/2011 05:00 CK: CASH CT: 158010 BH: 1275140 1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	D147852

abn.pmd Rev. 07/2010