

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

2015 AUG 18 AH 8: 47

1.	SECRETARY OF STATE The assumed business name which the undersigned use(s) in the transaction of the Court of						
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):						
	Alfredo Ramirez	279 Washington St. S		Twin Falls	ID	83301	
	Name: Haydee Ramirez	(Address) 279 Washington St. S		Twin Falls	(State)	(Zipcode) 83301	
	(Name)	(Address)		(City)	(State)	(Z-pcode)	
	(Name)	(Authors)		(City)	(State)	(Zipcode)	
	(Name)	(Address)		(City)	(State)	(Zipcode)	
	⊠ Services Mailing address for futul	Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4):					
All (Nair	fredo Ramirez		(Name)				
	'9 Washington ST. S		(Address)				
T	win Falls	ID 83301 (State) (Ziprode)	(City)		ate)	(Ziocode)	
(Ci	nted Name: Alfredo Ra		(319)	Secretary of State use	·		
	TIN.			-			
Signature: Maydoo Pamiroz			1DAHO SECRETARY OF STATE 08/18/2015 05:00				
Printed Name: Haydee Ramirez Signature: Huycliffer				CK:59224461054 CT:158010 BH:1488517 16 25.00 = 25.00 ASSUM NAME #2			
	nted Name:	<i>J</i>	1				

Rev. 06/2015

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