

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 DEC -4 AM 9:51

1.	The assumed business name which the undersigned use(s) in the trabsaction the trabsaction in the trabsaction			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	Manuel J Lopez	3011 Druvor St. Idaho Falls, ID 83402		
	(Name)	(Address)		
	Melissa I Lopez	3011 Druvor St. Ida	aho Falls, ID 83402	
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	Retail Trade Wholesale Trade	Construction Agriculture		
	Services	Manufacturing	Finance, Insurance, and Real Estate	
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):			
	Manuel J Lopez and Me	lissa I Lopez		
	(Name) 3011 Druvor St		(Name)	
	(Address)		(Address)	
	Idaho Falls	ID 83402		
	(City)	(State) (Zipcode)	(City) (State) (Zipcode)	
Printed Name: Manuel J Lopez			Secretary of State use only	
Signature: Many 1			IDAMO SECRETARY OF STATE	
Printed Name: Melissa I Lopez			12/04/2017 05:00 CK:3192 CT:349196 BH:1614574	
Si	ignature: ULL.	3peg) ,	16 25.00 = 25.00 ASSUM NAME #2	
Printed Name:			DIMOLIO	