

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

1. The assumed business name which the under	signed use(s) in the transaction of
business is: A 2 Z Electi	Tonics
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Color Cococo	Complete Address 2908 N. Arthw Boise, Illaho 83703
3. The general type of business transacted unde	r the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):  429-8010
Sum	Secretary of State use only
7/1/2	IDAHO SECRETARY OF STATE  98/27/2003 05:00  CX: CASH CT: 158010 BH: 698684  1 6 25.00 = 25.00 ASSUM NAME # 2
Signature: (signature required)	IDAHO SECRETARY OF STATE  8 98/27/2003 05:00
Printed Name: <u>Roberto García</u> ,	CX: CASH CT: 158010 BH: 698684
Capacity/Title: ついい	do