

(see instruction # 8 on back of form)

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. NOTE: See instructions on reverse before filing.

The assumed business name which the unbusiness is:	
The true name(s) and business address(e business under the assumed business name Name	s) of the entity or individual(s) doing me: Complete Address 10141 Zowa Ave Payelle Id.
3. The general type of business transacted up	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 10/4/ Jowa Ave Payette Laaho 8366/	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	Phone number (optional): (208) 642 - 7289
	Secretary of State use only
Signature: Salva Jonature required)	IDAHO SECRETARY OF STATE 94/07/2006 05:00 CK: 48102454136 CT: 158010 BH: 947861 1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name: Salvadar Macias Canacity/Title: Augustus	IDAHO SECRETARY OF STATE 94/07/2006 05:00 CK: 48102454136 CT: 158010 BH: 947861
Capacity/Title: <u>Owner</u>	1 @ 25.00 = 25.00 ASSUM NAME # 2