



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.

FILED EFFECTIVE
2004 MAY 21 AM 9: 09
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

EXCEL SOCCER ACADEMY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>S. JORGE MENA</u>	<u>4445 NATHAN DRIVE</u>
<u></u>	<u>IDAHO FALLS, ID</u>
<u></u>	<u>83404</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

S. JORGE MENA c/o
EXCEL SOCCER ACADEMY
4445 NATHAN DR.
IDAHO FALLS, ID 83404

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

S. JORGE MENA
4445 NATHAN DR.
IDAHO FALLS, ID 83404

Phone number (optional):

208-313-7836

Signature: [Signature]

(signature required)

Printed Name: S. JORGE MENA

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
05/21/2004 05:00
CK: 1693 CT: 158810 BH: 746416
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 76564