

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED BUSINESS N	23m.
Pursuant to Section 53-504, Idaho Code, the	undersigned / 2
submits for filing a certificate of Assumed Busi Please type or print legibly.	ness Name.
NOTE: See instructions on reverse before	illing.
 The assumed business name which the under business is: The true name(s) and <u>business</u> address(es) or business under the assumed business name: 	signed use(s) in the transaction of
Name	Complete Address
Alejandro Contreras te	to Sun 2853 Pam St. Idano Falls, ID. 83902
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	
correspondence should be addressed: Alejandro Contrera: 190 Sunset Dr. Idaho Falls ID: 8340	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):	Phone number (optional): (208) 589-2986
	Secretary of State use only
Signature: ALELWIDEN CONTRERAS (signature: Alexandro Contreras Capacity/Title: Ouner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 95/13/2004 05:00 CK: 2094 CT: 150010 BH: 744829 1 0 25.00 = 25.00 ASSUM NAME 8 2
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