

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FOL HAP 25 AM 9: 29

SECRETARING OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

The assumed business name which the undersigne business is: Cesar's Lewn Sur	6
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Cosperio Hingosa ////	Complete Address
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Cos ARIO Fino 105A (117 N. Lebenty #320 Boise IR 83784-3601	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
Signature: Signature required Printed Name (STRIN FINIST A) Capacity/Title: Owner.	100a61
Printed Name (<u>IS THE IN MARIA A PANA)</u> Capacity/Title: <u>OW NOK -</u>	IDANO SECRETARY OF STATE 95/26/2006 95:90 CK: CASH CT: 158818 BH: 956848 1 P 25.08 = 25.00 ASSUM NAME # 2