



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

MAR 17 AM 11:20

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Los Compadres Mexican Restaurant

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>Jose F Toro</u>	<u>243 Morning Side Dr Apt #1</u> <u>Twin Falls ID 83301</u>
<u>Lorenzo Lopez</u>	<u>287 Morning Side Dr Apt #2</u> <u>Twin Falls ID 83301</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:

3085 N Cole Rd Ste 107
Boise, ID 83704

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):

Phone number (optional):
208 375-3544

Signature: X  (signature required)

Printed Name: Jose F Toro

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

097699

IDAHO SECRETARY OF STATE
03/17/2006 05:00
CK: CASH CT: 150010 BH: 943975
1 @ 25.00 = 25.00 ASSUM NAME # 2