

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

08 APR 29 AM 8: 26

SECRETARY UF 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 usiness is: 	undersigne	ed use(s) in the transaction of	•
P&R Unlimited			
2. The true name(s) and <u>business</u> address(business under the assumed business name Name Patricia A Rodriguez Manuel D Rodriguez	ame:	Complete Address	<u>10 837</u> 04 83 704
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	on and Pul		
4. The name and address to which future correspondence should be addressed: Patricia A or Manuel D Rodrigu 7183 Cascade Drive Boise 10 83704		Secretary of State -700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	N. 47t
 Name and address for this acknowledged copy is (if other than # 4 above): 	nent	Phone number (optional):	STATE
		Secretary of State use only	
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Signature: All Doug (Lg. (signature growing)	formstat //2003	IDAHO SECRETARY OF STATE 04/29/2008 45:0	aa
Printed Name: Patricia A Rodriguez	corpiformstabn formstabn.p65 Revised 04/2003	CK: 3767 CT: 158010 BH: 1112 1 0 25.00 = 25.00 ASSUM MAR	2437
Capacity/Title: CO-OWner	Sorp!for Re	`	