

Printed Name: __

Capacity/Title: Quine

(see instruction # 8 on back of form)

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.

06 APR 19 PM 4:54

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Los-Papis Chulos Dywall	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name 115	e entity or individual(s) doing Complete Address 10th Ase Nampa, TD. 8365
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Manufacturing Mining Hinder Hinder Hinder Hinder Hinder Hinder Hinder	
5. Name and address for this acknowledgment copy is (if other than # a above): 1115 1074 Auc 1115 1075 Auc 1115 Auc	Phone number (optional): 208-703-5409 Secretary of State use only

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IDAHO SECRETARY OF STATE

. 04/19/2006 05:00
CK: CASH CT: 158010 BH: 958233
1 0 25.00 = 25.00 ASSUM NAME # 2

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