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CERTIFICATE OF ASSUMED BUSINESS I Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus Please type or print legibly. NOTE: See instructions on reverse before	undersigned iness Name. SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the unde business is: <u>ALEXANDRA'S</u>	rsigned use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name: Name TERESA VASQUEZ	
 3. The general type of business transacted under a Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>TERESA VASQUEZ</u> 917 E LINCOLN RD IDAHO FALLS ID 83402 	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	
Signature: <u>Juna</u> Printed Name: <u>TERESQ VaSquez</u> Capacity/Title: <u>OINPER</u> (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 28/28/2028 25:00 CK: 5428 CT: 228637 BH: 1130780 1 8 25.00 ASSUM NAME # 2 D123040