CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Id gives notice of adoption of an A	
1. The assumed business name which the undersigned யூத்த(s) ரு ரிகு imansaction of business is:	
EL RANCHITO)
The true name(s) and business address(e business under the assumed business name).	• • • • • • • • • • • • • • • • • • • •
<u>Name</u>	Complete Address
GUADALURE GALAN	1012 4TH ST NORTH NAMPA
JOSE RODRIGUEZ	10 83689
3. The general type of business transacted of (mark only those that apply) Retail Trade	ing Transportation and Public Utilities Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 880 1351
EL RANCHITO 1012 4TH ST NORTH	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than #4 above): 6040967 6040967	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
910 SUNNY LN	Secretary of State use only
WAMPA 10 83651	IDAHO SECRETARY OF STATE 94/66/1999 69:00 CK: none CT: 113677 BH: 284459
Signature: Suaduly Salom	© 04/06/1999 09:00 CK: none CT: 113677 BH: 284459
· · · · · · · · · · · · · · · · · · ·	1 # 20.00 = 20.00 ASSUM MANE # 2
Printed Name: COUADALOPE GALAN Capacity: (LEANERAL PARTNER	D24798

(see instruction # 8 on back of form)