

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

GIL FENCING	
2. The true name(s) and business address(es) business under the assumed business name Name SALVADOR GIL	of the entity or individual(s) doing e: Complete Address 1013 2ND STREET RUPERT, IDA 83350-
Wholesale Trade ☐ ConstructionX Services ☐ Agriculture	der the assumed business name is: and Public Utilities Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address / Automotive	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: SALVADOR GIL 1013 2ND STREET RUPERT, IDAHO 83350	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than #4 above): 	t Phone number (optional): 208-312-8769
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19 JP 25 At 8:29

IDAHO SECRETARY OF STATE

@6/26/2007 @5:00

CK: 11098864991 CT: 158010 BH: 1062314

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