	CERTIFICATE OF ASSUM (Please type or print legibly. S	MED BU	ISINESS NAME
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, th	ne undersigned
1.	The assumed business name which the unbusiness is:	·	use(s) in the transaction of
2.	The true name(s) and business address(es business under the assumed business name	s) of the enti	ity or individual(s) doing
	Name		omplete Address
	Agustin. Ortiz 4 Arnie Gonzales 3	789 N. (Cengotita Au. Boise ID BOISE ID
3.	The general type of business transacted ur (mark only those that apply)	nder the ass	sumed business name is:
	Retail Trade Wholesale Trade Services Manufacturing Agriculture Construction	Fi	ransportation and Public Utilities inance, Insurance, and Real Estate lining
4.	The name and address to which future P correspondence should be addressed:	hone numb	er (optional):
	Arnie Gonzales 3928 Hackberry		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Botse ID 83707 Name and address for this acknowledgment copy is (if other than # 4 above):	it	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	A/h	96/1	DANGE SECKET AND THE STATE IN
Signatu	ire: Acustin Ortiz A	Revision 1/98	06/24/1999 09:00 CK: CASH CT: 117255 BH: 228698 1 8 26.88 = 28.88 ASSUM MANE # 2
	Name: Arnic Gorzales ty: Juners LLP	nsvabn.p65	D27116

(see instruction # 8 on back of form)