

Printed Name: MY Ve

Capacity/Title: Ounce

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.

2015 APR -6 PM 2: 42

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	ess is: Detailed Pai	_	` ,
	are in the		3
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing			ntity or individual(s) doing
busin	usiness under the assumed business name:		
is ^	Name Nacio (oscia	17110	Complete Address
	Mario (Jarcia	1	
<u>~~</u> :			Rolling Tolaho 83646
1,,	whe Illicenti	16464	Red out drive wants 83687
3. The	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities		
	Wholesale Trade 🔀 Construction	n	
	Services Agriculture		Outrait Outrait
	Manufacturing Mining		Submit Certificate of Assumed Business
	Finance, Insurance, and Real Estat	е	Name and \$25.00 fee to:
4. The r	name and address to which future		Secretary of State
	spondence should be addressed:		450 North 4th Street
134	10 W. SAndlewood dr.	ىد_	PO Box 83720 Boise ID 83720-0080
<u>_</u>	esidian tolaho, 83646		208 334-2301
			
	e and address for this acknowledgme	ent	
сору	İS (if other than # 4 above):		
	-		Secretary of State use only
anatura	MONED CARES		decreasy of State use only
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inted Nar			04/06/2015 05:00 CK:CASH CT:308621 BH:1469685
	tle: pwner/portier	-	16 25.00 = 25.00 ASSUM NAME #
ignature: √	" (Mest	.	

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