

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.

 The assumed business name which the undersigned use(s) in the transaction of business is: Composition 9 The true name(s) and business address(es) of the entity or individual(s) doing 	
business under the assumed business name: Name Cliazar Zauala	Complete Address 513 prince Av. wilder 10. 83676
3. The general type of business transacted unde	er the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 513 prince Av. w.kler 10.83676	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
gnature: Eliafor Javala inted Name: Eliazar Zavala	Secretary of State

IDAHO SECRETARY OF STATE

02/10/2004 05:00

CK: 1439 CT: 158010 BH: 726542

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