FILED EFFECTIVE



Printed Name: ___ Capacity/Title:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2012 JUL 30 PM 2: 13

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

El Sombre	ro Mexican Restaurants
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	
Arceo, Lopez & Pimienta, LLC	
(W10032)	629 Bryden Ave., Lewiston, ID 83501
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Alfonso Pimienta	450 North 4th Street PO Box 83720
511 Crestline Circle Dr. Lewiston, ID 83501	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledg copy is (if other than # 4 above):	ment
ature: Offerno Cameinto	Secretary of State use only

IDAHO SECRETARY OF STATE @7/31/2012 05:00 CK: NONE CT: 2638 BH: 1334818 1 8 25.80 = 25.86 ASSUM NAME N 2