LED FFFECTIVE



Capacity/Title:

Owner/Manager

(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. 65 MAY 18 PM 2: 44

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

Ta pā s Estrella	
2. The true name(s) and business address(e business under the assumed business name Name Estrellas L.L.C. W34250	
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Estrellas L.L.C. 205 N.10th St. Ste. 110 Boise, ID 83702	Submit Certificate of Assumed Business
5. Name and address for this acknowledgm copy is (if other than # 4 above):	Secretary of State use only 1DANO SECRETARY OF STATE

CK: 2000 CT: 142881 BH: 811187 1 0 25.00 = 25.00 ASSUM MAME # 2

D87940