



# 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.**

**FILED/EFFECTIVE**

SEP 12 11 47 AM '01  
SECRET  
STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Latinos Dish Network

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Cosme Tapia</u>	<u>4740 Northwind</u>
<u></u>	<u>Garden City ID 83714</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

Same

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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):

Signature: Cosme Tapia

Printed Name: Cosme Tapia

Capacity:

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\labn form\labn.p65  
Revised 01/2001

IDaho SECRETARY OF STATE  
09/12/2001 05:00  
CK: CASH CT: 138887 BH: 418768  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 48288