CERTIFICATE OF ASSUMED BUSINESS NAME

	he SECRETARY OF STATE, Pursuant to Section 53-504 ption of an Assumed Business	I, Idaho Cod	IDAHO e, the undersign	ed gives notice of SEP 10 11 OF NH 'NI
1. T	The assumed business name business is: Sign	which the ur $S Now $		
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
-	Rene Gonzalez		38 S. Hone	Address y Dr Nampa Do 83687
· —		·		
3. T	The general type of business transacted under the assumed business name is: See categories on the reverse			
1 · 11 :	See categories on the reverse		7	
4. T	The name and address to which correspondence should be addressed: SISAS Now #399 612 N. Orchard 60.80 D83706			
· <u></u>			 	
		Signed	Re Gras	}
		Ву,		-ouzolez
		Capacity_	So	le owner
	ubmit Certificate of Assumed usiness Name and \$20.00 fee	e to:	Customer #	
· 70	ecretary of State 00 West Jefferson O Box 83720 pise ID 83720-0080		Revision 10/96	Secretary of State use only
		In ad	gud uqqquu i i i i i i i i i i i i i i i i	IDAHO SECRETARY OF STATE 39/10/2001 05:00 CK: 01 CT: 122392 BH: 416271 20.00 = 20.00 ASSUM NAME # 2

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