

Signature: Rogelio Lawa

e: OWNEZ
(see instruction # 8 on back of form)

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Rogelio Zavala	2111 Winterhaven Drive
	Hailey, ID, 83333
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed:	700 West Jefferson
Rogelio Zavala	Basement West PO Box 83720
P.O. Box 2338	Boise ID 83720-0080
Hailey, ID, 83333	208 334-2301
, iamoy, ib, 00000	

g:\corp\forms\abn forms\abn.p65 Revised 04/2003

D81967

IDAHO SECRETARY OF STATE
11/17/2004 05:00
CK: 3770171631 CT: 158010 BH: 777020
1 0 25.00 = 25.00 ASSUM MANE # 2