

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

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SECRETARY OF

1. The assumed business name which the undersigned business is: MORA'S CAFE 9 Bionicos MORA'S CAFE 9	STATE OF IDAHO I use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elements	Complete Address #2 Middle fon Rd PA, Id 83651
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 1017 N. 52nd 51. NAMPA, Id 83687 5. Name and address for this acknowledgment copy is (if other than # 4 above):	
8	Secretary of State use only
Signature: // (signature required) Printed Name: // A MALA Capacity/Title: Owner	
Signature: (signature required) Printed Name: MARIA MORA	IDAHO SECRETARY OF STATE
Capacity/Title: CWNE√ (see instruction # 8 on back of form)	06/01/2007 05 # 20 CK: 1818 CT: 158818 BH: 1857598 1 8 25.88 # 25.88 ASSUM NAME # 2

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