



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.

2007 DEC 12 AM 8:57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

~~Flores Clothing~~ NOVEDADES FLORES

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

Name	Complete Address
<u>Silvia Flores</u>	<u>21671 Morris PL Wilder ID 83676</u>
<u>ERIC Flores</u>	<u></u>
<u></u>	<u></u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Silvia Flores
21671 Morris PL
Wilder ID 83676

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):

Silvia Flores

Phone number (optional):

208 337-6797

Secretary of State use only

Signature: Silvia Flores

(signature required)

Printed Name: Silvia Flores

Capacity/Title:

(see instruction # 8 on back of form)

ID forms labn forms labn p65
Revised 09/2002

IDAHO SECRETARY OF STATE
12/12/2002 05:00
CK: 322 CT: 158010 DH: 650905
1 @ 20.00 = 20.00 ASSUM NAME # 2

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