

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRET  
AUG 21 AM 10 09  
STATE OF IDAHO  
signed gives notice

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

DE LEON HANDIWORKS

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

Name	Address
JOSE M. DE LEON Jr	380 Tabor ID Falls ID. 83401

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

## Construction, Services

**See categories on the reverse**

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

DeLeon Handiworks or Jose M. DeLeon Jr

380 TABOR AVE IDAHO FALLS ID. 83401

Signed Jose M. DeLeon Jr.

By JOSÉ M. DE LEÓN

Capacity Owner Operator

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

**Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080**

Customer #

~~SECRET~~ SECRETARY OF STATE use only

08/21/1998 09:00  
CX: 001 CT: 103000 BH: 130644

1 @ 20.00 = 20.00 ASSUM NAME

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**Leopoldo M. Salas, PhD**  
**Revista 1078**