Capacity/Title:\_

OWNER

(see instruction # 8 on back of form)



## 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 assumed business name which the undersibusiness is:	igned use(s) in the transaction of
FAMILIA FIGUE	
The true name(s) and business address(es) of the business under the assumed business name:     Name     ROMUALDO FIGUEROA	he entity or individual(s) doing  Complete Address  818 BLAINE ST  CALDWELL ID 83605
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  818 BLAINE ST CALDWELL ID 83605	Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 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):  818 BLA(NE-57	Phone number (optional); 208-454-8335
83605	Secretary of State use only
Signature: <u>IONIVAIOO TICVEROA</u> Printed Name: ROMUALDO FIGUEROA	

9::corp/forms\abn\_forms Revised 04/2003

IDAHO SECRETARY OF STATE 09/06/2005 05:00 CK: 202954365 CT: 158010 BH: 909863 1 0 25.00 = 25.00 ASSUM MANE # 2