

## **CERTIFICATE OF** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 02 JUN 11 AM 10: 2

02 JUN 1 1 AM 10: 21

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

SECRETARY OF STATE

<del></del>	STATE OF IDAMO
1. The assumed business name which the undersignation business is:    The assumed business name which the undersignation business is:   Discount Well	
2. The true name(s) and <u>business</u> address(es) of the obsiness under the assumed business name:  Name  Guadalupe Tolan de Tivera  Debbie Ann Rivera  220	entity or individual(s) doing  Complete Address  220 Namond St. Nampa Diamond St. Nampa 8368
3. The general type of business transacted under the  Retail Trade Transportation and Po	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  RADDISCOUNT WELDING  220 50 Diamond St.  Nampa FA 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only
Signature: Delovie A. Tivera  Capacity/Title: Dr. +n ev	D 55729
Printed Name: Delokie A. Kivera   Language   Language	IDAHO SECRETARY OF STATE 26/11/2002 25:20 CK: 4884 CT: 158818 BH: 471848
Capacity/Title: Transfer	1 8 20.00 = 20.00 ASSUM NAME # 2