

CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

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	CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed B	ne undersigned
	Please type or print legibly. NOTE: See instructions on reverse before	re filing.
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
	Del Rio 1 Profe	ssional Services
2.	The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing e: Complete Address
	Martin Del Rio	132 E Snowy Owl Dr. Kuna, ID 83634
4.	The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Martin Del Rio 132 E Snowy Owl Dr. Kuna, ID 83634	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5.	COpy is (if other than # 4 above):	
		Secretary of State use only
Signat	ure: Most Del Di (signalure required)	Revised 04/2003
Printed	Name: Martin Del Rio	Revised 04/2003
Capac	ity/Title: Owner	Rev.

IDAHO SECRETARY OF STATE

1/30/2008 05:00

CK: 1694 CT: 190143 RH: 1097159

1 8 25.00 = 25.00 ASSUM NAME # 2