Signature: __

Printed Name: ____

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

2012 SEP -7 PM 2: 58

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:	
Stefhen Portela	Complete Address 618 Lincoln STYCET MANTPelier IN 8325
3. The general type of business transacted unde Retail Trade Transportation a Wholesale Trade Construction Services Agriculture	or the assumed business name is: and Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State 450 North 4th Street
stefhen fortela 618 Lincoln ST	PO Box 83720 Boise ID 83720-0080 208 334-2301
correspondence should be addressed: <u>Stefhen fortela</u>	Boise ID 83720-0080

IDAHO SECRETARY OF STATE

09/07/2012 05:00

CK: 1125695 CT: 172099 BH: 1336984
1 8 25.00 = 25.00 ASSUM MAKE # 2

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