

Capacity/Title: OWNCY

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

10 MAY -3 AM 10: 05

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

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address business under the assumed business n	(es) of the entity or individual(s) doing
Name	Complete Address
JOE A GONZALEZ JI	2323 E cinnamon in Month It
The general type of business transacted	d under the assumed business name is:
Retail Trade X Transporta	ition and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Capital Collaboration
Manufacturing Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Esta	ate Tallio and \$20,00 io
The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
	Boise ID 83720-0080
<u>Same</u>	
Same	(208) 334-2301
Same	(208) 334-2301
Sqm4	
5. Name and address for this acknowledge copy is (if other than # 4 above):	
	gment
	gment

IDAHO SECRETARY OF STATE @5/03/2010 05:00 CK: 1013 CT: 158810 BH: 1228470 1 0 25:00 = 25:00 ASSUM NAME 8

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