

## **CERTIFICATE OF** FILED EFFECTIVE 12 APR 20 AM 9: 00 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. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDANO

155021

	he Relay Station
The true name(s) and <u>business</u> addre business under the assumed business <u>Name</u> Sergio Garcia	ess(es) of the entity or individual(s) doing s name: <u>Complete Address</u> 593 N. 2600 E. St. Anthony, Idaho 83445
Retail Trade Transpor Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real E  4. The name and address to which future correspondence should be addressed	Submit Certificate of Assumed Business State Name and \$25.00 fee to:  Secretary of State 450 North 4th Street
Sergio Garcia 593 N. 2600 E. St. Anthony, Idaho 83445	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above).	
Signature: Auga March	Secretary of State use only
Printed Name: Sergio Garcia	
Capacity/Title: President	
Signature:	IDAHO SECRETARY OF STATE 94/20/2012 95:00
Printed Name:	CK: 184751541246 CT: 158010 BH: 1320647
Capacity/Title:	