



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 JUN 27 AM 9:24

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ABARROTES Y CARNICERIA LA NORTEÑA

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
ALBERTO TORRES	220 E. 2ND N. # 7, REXBURG, IDAHO 83440
HILDA TORRES	220 E. 2ND N. # 7, REXBURG, IDAHO 83440

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

ALBERTO TORRES
P.O. BOX 151
IONA, IDAHO 83427

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

ALBERTO TORRES
P.O. BOX 151
IONA, IDAHO 83427

Secretary of State use only

Signature: Alberto Torres

Printed Name: ALBERTO TORRES

Capacity/Title: PARTNER/OWNER

Signature: Hilda Torres

Printed Name: HILDA TORRES

Capacity/Title: PARTNER/OWNER

IDaho SECRETARY OF STATE
06/27/2011 05:00
CK: 282561698155 CT: 260175 BH: 1280286
1 E 25.00 = 25.00 ASSUM NAME # 2