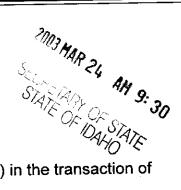


## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## Please type or print legibly. NOTE: See instructions on reverse before filing.



NOTE. See mondations on to to the see	
The assumed business name which the unders business is:	
EL PARRALITO SAI	100U # 2
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Emilio R. Silva	the entity or individual(s) doing  Complete Address  571 FORF HALL ST.
	Imerican Falls, eld. 83211
3. The general type of business transacted under the assumed business name is:    Transportation and Public Utilities   Transportation   Trans	
Retail Hade	nd Public Othines
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Secretary of State 700 West Jefferson Basement West
Enilio Silva	PO Box 83720 Boise ID 83720-0080 208 334-2301
1328 4200 Shoshove, Idaho 83	3332
5. Name and address for this acknowledgment	Phone number (optional):
Copy is (if other than # 4 above):	208-420-2849
	fan de State use only
	-II ED EFFE
	294 L
Signature: Emilio Silva	100:
Signature. From 1 To Color	IDAHO SECRETARY OF STATE
Printed Name: Emilio K. Silva	Phone number (optional):  208-420-2849  FILED EFFECTIVE use only  IDAHO SECRETARY OF STATE  23/25/2003 05:00  CK: 464811 CT: 24876 BH: 678633  1 @ 20.00 = 20.00 ASSUM NAME # 2
Capacity: <u>Ourner</u>	1 # 20.80 = 20.00 noon mark a
(see instruction #8 on back of form)	D63844