



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.

2003 MAR 24 AM 9:30
SECRETARY OF STATE
STATE OF IDAHO

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

EL PARRALITO SALOON #2

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

Name

Emilio R. Silva

Complete Address

550 571 FORT HALL ST.
AMERICAN FALLS, ID. 83211

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:

EL PARRALITO SALOON #2
Emilio Silva
132 E. 420N. Shoshone, Idaho 83352

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-420-2849

Signature:

Emilio Silva

Printed Name:

Emilio R. Silva

Capacity:

owner

(see instruction # 8 on back of form)

FILED EFFECTIVE
for State use only

g:\corp\forms\slabn form\slabn p65
Revised 01/2001

IDAHO SECRETARY OF STATE
03/25/2003 05:00
CK: 404811 CT: 24876 BH: 670633
1 @ 20.00 = 20.00 ASSUM NAME # 2

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