

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFEÇTIVE

04 OCT -4 PM 12: 21

SECRETARY OF STATE STATE OF IDAHO

D88641

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

(see instruction # 8 on back of form)

The assumed business name which the usiness is:	
2. The true name(s) and <u>business</u> address(business under the assumed business na Name NOEL A. ARCAYEMA Olivia Arcayena	
Wholesale Trade Constructio	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: NOEL A. ARCAYENA 3695 E. ANEMONE CT. BOSE, ID 83716	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above):	nent Phone number (optional): 342-578/
	Secretary of State use only
ignature: (signature required) rinted Name: NOEL A. ARCAFONA apacity/Title: OWNOR	IDAHO SECRETARY OF STATE 10/04/2004 05:06 CX: 612 CT: 158010 BH: 769333 1 0 25.00 = 25.00 ASSUM HAVE