(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

7	
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.	5 1. 8: 34 Ville
The assumed business name which the undersigned use(s) in the transaction business is: MS Custom Cabinets	tion of
2. The true name(s) and business address(es) of the entity or individual(s) debusiness under the assumed business name: Name Complete Address Moises Sotelo 2042 Hunsen Ave. B Miroslava O. Sotelo 2042 Hunsen Ave.	
3. The general type of business transacted under the assumed business nare Retail Trade	ee to:
5. Name and address for this acknowledgment copy is (if other than #4 above): Phone number (option (208)) (38-164)	onal): <u>/ ⁽⁻⁾</u>
Printed Name: Miroslava D. Sote 10) 73537 1 SECRETARY OF STATE 5/2004 05:00