

Printed Name: ____

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

The Business		
The individual and/or enti	ty names and business ac	ldress(es) of those doing business ander ಕು
the assumed business n	ame (do <u>not</u> include the name	you listed in #1);
Marco Palomo	160 Main Ave N Twir	
(Name)	(Address)	
Adrian Palomo	285 Jackson St N Twin Fall ID 83301	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
The general type of busin	ess transacted under the	assumed business name is:
Retail Trade	Construction	Transportation and Public Utilities
	AgricultureManufacturing	Mining
M Gel Aices	Manuacturing	Finance, Insurance, and Real Estate
Mailing address for future	correspondence:	5. Name and address for this acknowledgmen
	·	COPY is (if other than #4):
Marco Palomo		
^(Name) 160 Main Ave N		(Name)
(Address)		(Address)
Twin Falls	ID 83301	
(City)	(State) (Zipcode)	(City) (State) (Zipcode
	101	
ted Name: Marco	1. Palomo 1	Secretary of State use only
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