

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 NOV 30 PM 12:40

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

M^{rs} Tiendita Carniceria

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

Name	Complete Address
<u>Jose G Covarrubias</u>	<u>1923 2nd St S</u>
<u></u>	<u>NAMPA IDAHO</u>
<u></u>	<u>83651</u>

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

4. The name and address to which future correspondence should be addressed:

Jose G Covarrubias
1923 2nd St S
NAMPA IDAHO 83651

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

SAME AS ABOVE

Phone number (optional):

(208) 468-0437

Secretary of State use only

Signature: [Signature]

(signature required)

Printed Name: Jose G Covarrubias

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\form\statelbn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
11/30/2006 05:00
CK: 2024 CT: 158818 MH: 1016632
10 25.00 = 25.00 ASSUM NAME # 2

D105956