

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

39 OCT 29 AM 8: 28

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

D134574

FIESTA GUADALAJARA	
2. The true name(s) and business address(es) or business under the assumed business name:  Name  SAWMOOK SANUTER  ———————————————————————————————————	f the entity or individual(s) doing  Complete Address  Po Box 70  ONTHUD, OR 97914
3. The general type of business transacted unde  Retail Trade Transportation ar  Wholesale Trade Construction Services Agriculture  Manufacturing Mining	of .
Finance, insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  FIESTA GUADALATARA  PO BOX 70  ONTAKIO, OR 97914	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
BYO'E AVAION KUNG ID 93634  Instance:  (eignature required)	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  10/29/2009 05:0