

Capacity/Title:___

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. Instructions are included on back of application.

	RELIABLE ROO	DFING NORTHWEST
2 .	The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> RUBEN VARGAS	
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
	 Wholesale Trade ✓ Construction ✓ Services ✓ Agriculture ✓ Mining ✓ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Ruben Vargas 718 n 10th st.	Secretary of State 450 North 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):	
		Secretary of State use only
	iture: Ruben F. Plena varga	5
	ed Name: Ruben Vargas acity/Title: OWNER	·
•	iture:	IDAHO SECRETARY OF STATE
Printed Name:		08/17/2012 05:00 CK: 1117 CT: 158810 BH: 1336247 1 8 25.80 = 25.88 ASSUM NAME 8 2

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