

## CERTIFICATE OF ASSUMED BUSINESS NAME ED EFFECTIVE

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.

The assumed business name which the undersite business is:  ELINMIGRANTE	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Dorge Alberto Sileoni Elida C. Sileoni	
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Jorge F. Gileon I   Gos E. Elm St.     Caldred ID 83605  5. Name and address for this acknowledgment copy is (if other than # 4 above):	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  Phone number (optional):
Signature:  Signature:  (signature required)  Printed Name: Jorge Alberto Sileoni  Capacity/Title:  (see instruction # 8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE  21/25/2005 05:00  CK: 8183951961 CT: 158616 BH: 789632 1 25.66 = 25.66 ASSUM NAME # 2