CERTIFICATE OF ASSUMED BUSINESS NAME

ado	the SECRETARY OF STA Pursuant to Section 53 option of an Assumed Busin The assumed business na	-504, Idaho Code, ness Name.	the undersigned giv	111 10,4	IATE HO
•	business is:				
	Eduardo's Re	staurant			
2.	The true name(s) and business under the assum	iness address(es) ed business name	e is/are:	dual(s) doing	FILED 2003 MAY
	Name : Eduardo's & Maria's Mex	ican Restaurant,		1699	E B
	1824 Blue Lakes Blvd N				8 U
	Twin Falls ID 83301	0,149023		E	
3.	The general type of business transacted under the assumed business name is:				EFFECTIVE
	See categories on the reverse				
4. The name and address to which correspondence should be addressed: Eduardo Marin, 1824 Blue Lakes Blvd N, Twin Falls ID 83301 Signed					
		Capacity	President		
	Submit Certificate of Assu		Customer #		
	Business Name and \$20.00 fee to:		Secre	tary of State use only	y
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080		Revision 10/96	IDAHO SECRETAR	
	DUISE ID 03/20-0000		9 () () () () () () () () () (05/08/200 X: 11616 CT: 1862 7 25.00 = 25.00	

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