



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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2009 OCT - 1 PM 12:38

SECRETARY OF STATE
STATE OF IDAHO

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

Outlaw Recovery

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

Manuel Alvarado

1308 20th Ave

NOEL Alvarado

"

Orlando Osuna

"

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" 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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Outlaw Recovery
1308 20th Ave
Nampa ID 83681

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

Signature

(signature required)

Printed Name: Orlando Osuna

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

Form 505
Revised 04/2003

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10/01/2009 05:00
CK: CASH CT: 158018 RH: 1189356
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