



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 AUG -2 A 9:07

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

GABBY'S MEXICAN RESTAURANT.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>GABRIEL CAPILLA</u>	<u>3472 N. 2300 E</u>
<u>LAURA L. CAPILLA</u>	<u>FILER IDAHO 83328</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

GABRIEL CAPILLA
LAURA L. CAPILLA
3472 N. 2300 E FILER ID
83328

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

Signature: Gabriel Capilla
(signature required)

Printed Name: GABRIEL CAPILLA

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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):

(208) 326-3751

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/02/2004 05:00
CK: NO CK # CT: 150010 DH: 758495
1 @ 25.00 = 25.00 ASSUM NAME # 2

5-75816