

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 OCT -1 PM 4: 09

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

SECHETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

mon determs are mended on back of	appiication.
The assumed business name which the undersigned use(s) in the transaction of business is:	
LA VAQUITA NEGI	24 RESTAURANT
2. The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> OUVO, ALBERTO	s(es) of the entity or individual(s) doing
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 507 F STREET RURERT ID 833	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Printed Name: Nephtali Gavcia Capacity/Title: owner Signature:	IDAHO SECRETARY OF STATE 10/01/2015 05:00 CK:3253896 CT:172099 BH:1494673 16 25:00 = 25:00 ASSUM NAME #2
Printed Name: Alberto Olivo	

D181782

Capacity/Title: owner