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C S

Capacity/Title:



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

FILED EFFECTIVE

2016 AUG 29 AM 9: 48

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Maria Del Carmen Mora Avalos 1319 E1Doran Dr. Num pa 10 83	651
3.	Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
	Services Agriculture Manufacturing Mining Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only	
rinte apa igna	idaho secretary of state od Name: Maria Mora od N	
	ed Name: Hhayele Healos. D188812	