

CERTIFICATE OF ASSUMED BUSINESS NAME

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2014 SEP 10 AM 8: 58

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

J.N.L. CUSTOM DETAILING The true name(s) and <u>business</u> address(business under the assumed business n	
<u>Name</u>	Complete Address
ARMANDO OROZCO	494 RAVEN WAY APT D, CHUBBUCK, ID 83202
☐ Wholesale Trade ☐ Construction	ion and Public Utilities on
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: ARMANDO OROZCO 	Secretary of State 450 North 4th Street PO Box 83720
494 RAVEN WAY Apt D	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledged copy is (if other than # 4 above):	nent
	Secretary of State use only
nted Name: Archando Orozco pacity/Title: Owner gnature:	- IDAHO SECRETARY OF STATE - 09/10/2014 05:00 - CK:NO CK# CT:300969 BH:14 10 25.00 = 25.00 ASSUM NA
inted Name:	_ 16 23.00 - 25.00 Addom M2

abn.pmd Rev.07/2010

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Capacity/Title: