

Capacity/Title:

## 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.

11 SEP 22 AM 11: 34

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

STATE OF IDAHO

The assumed business name which the update business is:      Al Rita Me.	
2. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  Name  Services	, , , ,
3. The general type of business transacted upon the property of the property o	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  517 N. WAShinton AV  Emmert TOAHo 83617	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature:	Secretary of State use only  IDAHO SECRETARY OF STATE  99/22/2011 95:00  CK: CASH CT: 158818 BH: 1291588 1 9 25.80 = 25.00 ASSUM NAME # 2
Printed Name: Jose Joseph Sun	CK: CASH CT: 158010 BH: 1291588

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