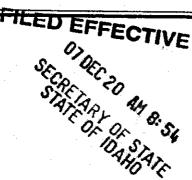


## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



business is:  ES Mini Vendin	9
The true name(s) and business address(es) of the business under the assumed business name:  Name  Carlos 1 Sociano 30	entity or individual(s) doing  Complete Address  3 F 34') Street #30  don C4y 1D 83714
The general type of business transacted under the	e assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
CS Mini Dending 303 E 37th Street #202 Grarden City ID 83714	PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgment copy is (If other than # 4 above):	Phone number (optional):  38-571-4947
	· · · · · · · · · · · · · · · · · · ·

Signature: (Aignature apquired)

Printed Name: CarloS J Sociano

Capacity/Title: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
12/20/2007 05:00
CK: 1868 CT: 220692 BH: 1898778
1 8 25.00 = 25.00 ASSUM NAME # 2

D117671