



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

05 MAY 18 AM 10:54

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Wholesale Connection

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Adolfo Martin</u>	<u>5015 E. Ustick #29</u>
<u></u>	<u>Caldwell ID, 83605</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

Adolfo Martin  
5015 E Ustick #29  
Caldwell ID 83605

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment  
copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: Adolfo Martin

(signature required)

Printed Name: Adolfo Martin

Capacity/Title: Owner/manager

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
**05/18/2005 05:00**  
CK: CASH CT: 150810 BH: 811126  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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