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

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersignate in the second control of the secon	ned ι	use(s) in the transaction of
1. The assumed business name which are business is:	c	drug will
Porce brother		■ <u> </u>
2. The true name(s) and business address(es) of the business under the assumed business name: Name Filiberto Popoca M. School Popoca M. 3. The general type of business transacted under	SH am	Complete Address Courrity Blu # B Pa ID: 83687
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Filiparto Popoco	d Pub	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Nam pa ID 53657 5. Name and address for this acknowledgment copy is (if other than # 4 above):		Phone number (optional):
Signature: \(\frac{\frac{1}{1}\lambda_{\text{c}}\frac{\frac{1}{2}\lambda_{\text{c}}\f	g toopytoms who forms who p65 Revised 09/2002	IDAMO SECRETARY OF STATE 03/11/2003 05:00 CK: CASH CT: 158918 BH: 667738 1 9 29.99 = 29.99 ASSUM NAME # 2