

Capacity/Title:

(see instruction # 8 on back of form)

## **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.

2007 APR 23 PH 1: 54 Please type or print legibly. NOTE: See instructions on reverse before filing.

	STATE OF IDAHO
1. The assumed business name which the unde	
business is:	
Norma's C	lea hima
0011103	<u> </u>
The two nemotes and business address(as) of	of the entity or individual/e) doing
<ol><li>The true name(s) and <u>business</u> address(es) of business under the assumed business name:</li></ol>	
	Complete Address
Name	
Norma Barrientos 7	130 w. looeley Dr.
	Namoa ID 183686
The managed time of business transported under	or the accumed business name is:
<ol> <li>The general type of business transacted under the general type of the g</li></ol>	si tile assultied busilless traitie is.
Transportation a	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
	Name and \$25.00 fee to:
☐ Finance, Insurance, and Real Estate	
I. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
	PO Box 83720
730 W Toneley D.	Boise ID 83720-0080
Mamm ID 83686	208 334-2301
5. Name and address for this acknowledgmen	t Phone number (optional):
CODY IS (If other than # 4 above):	208 463 4350
	<u> </u>
	Secretary of State use only
	£9d.
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nature: // our a storming	IDAHO SECRETARY OF STATE
nted Name: Norma Barrientos	IDAHO SECRETARY OF STATE
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