

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

ed ne 05 JAN 11 PM 3: 10

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the under business is: SANTOS	
2. The true name(s) and business address(es) business under the assumed business name Name SANTOS TEJADA-ALVARADO	of the entity or individual(s) doing
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SANTOS TEJADA-ALVARADO	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
5. Name and address for this acknowledgm copy is (if other than # 4 above). Signature: X Son los Tesada (signature required)	Phone number (optional): 208-463-0065 Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 1/11/2005 05= CK: CASH CT: 158010 BH: 78 1 9 25.00 = 25.00 ASSUM NAI
Printed Name. SANTOS TEJADA-ALVARADO Capacity/Title: SOLE PROPRIETOR	-