

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 08 OCT 22 AM 8: 47

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

SECRETARY OF STATE

2. The true name(s) and business address business under the assumed business in Name	s(es) of the entity or individual(s) doing name:
MARTHA PAMOS	Complete Address 4302 SETTLERS AV CD(DWELL ID 83607
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: MARHA RAMOS 4807 SEHICERS AV CACOMELL TO 83-60	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above): MARTHA RAMOS UXOL SETFLERS AV CALDWELL TO 83607	Secretary of State use only
Signature: Marthe Ramos Printed Name: MARHA R MOS Capacity/Title: OW NER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/22/2008 05:00 CK: 1092 CT: 158010 BH; 1141166 1 0 25.00 = 25.00 ASSUM NAME # 2