CERTIFICATE OF



Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAME 2886 TIME 13 PM 2: 02

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

NOTE: See instructions on reverse before filing	STATE OF ILLIANO
1. The assumed business name which the undersigned use(s) in the transaction of business is: ———————————————————————————————————	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name: Name Refugir Delgado Tr. 198 Ca	Complete Address 13 Lailwerness Dr 10 vell, TD 83605
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Refugio Delgado Tr 19813 Wilderness Dr Caldwell TD 83665	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above);	208-454-9228
Ketusio Delgado Jr	208-250-0625 Cell
Caldwell, TD 83605	Secretary of State use only
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IDAHO SECRETARY OF STATE

03/13/2006 05:00

CK: 3593 CT: 158010 BH: 942957

1 0 25.00 = 25.00 ASSUM NAME # 2