

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## Please type or print legibly. Instructions are included on back of application.

7	FILER
CERTIFICATE OF  ASSUMED BUSINESS  Pursuant to Section 53-504, Idaho Code, t submits for filing a certificate of Assumed	S NAME the undersigned
Please type or print legibly. Instructions are included on back of ap	plication.
The assumed business name which the up business is:     City Market	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(e business under the assumed business name <u>Name</u> Jeanne Eiguren	
David L Eiguren	6019 Outlook Ave, Boise, ID 83703
3. The general type of business transacted uses a large and the second s	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:      Jeanne Eiguren     6019 Outlook Ave  Boise, ID 83703	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):  Jeanne Eiguren  6019 Outlook Ave  Boise, ID 83703	ent Secretary of State use only
Signature: Seanue Eiguren  Printed Name: Jeanne Eiguren  Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	05/20/2013 05=00 CK: 1893 CT: 283332 BH: 1374546 1 8 25.88 = 25.88 ASSUM MAME # 3

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Capacity/Title: \_\_\_