FILED EFFECTIVE



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned 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)

2007 JUN -4 AM 9:41 SECRETARY OF STATE STATE OF IDAHO

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BIAZE Cons.	,
The true name(s) and business address(es business under the assumed business name     Name	Complete Address
manny lovato	380 Main Twin Fall 10 8330
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
320 MAIN TWIN FULLS #221 10 83301	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):  320 main Twin Fall #221	nt Phone number (optional):  208-410-7355
ID 83301	Secretary of State use only
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