

Capacity/Title: Owners

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

04 NOV 12 PM 1:31

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Acron Show 34 Luis Dela Torrient: 2/1/2	entity or individual(s) doing Complete Address ST S. Poco Loco F1. 91 105 S. 4/15+ #6 Baise IV. 87714
3. The general type of business transacted under the Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Signature required Los Palmorrate Sugar Palmor	IDAHO SECRETARY OF STATE 11/12/2004 05:00 CK: CASH CT: 158610 BH: 776225 1 0 25:00 = 25:00 ASSIM NAME # 2

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