



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

FILED/EFFECTIVE

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

gives notice of adoption of an Assumed Business Name: *2 AM 10:30*

1. The assumed business name which the undersigned use(s) in the transaction of
business is:

EL PARADISO RESTAURANT

2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business name is/are:

Name

Complete Address

ALBINO ORTEGA

501 S. 6th Street, ID 83352

EFRAIN ORTEGA

332 S. View Rd, Jerome, ID 83338

LORENZO CORTEZ

501 S. 6th Street, ID 83352

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services/RESTAURANT | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

EL PARADISO RESTAURANT

501 B South Lincoln Ave.

Jerome, ID 83358

5. Name and address for this acknowledgment copy is (if other than # 4 above): _____

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: *Albino Ortega*

Printed Name: *Albino Ortega*

Capacity: _____

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only

IDaho SECRETARY OF STATE

04/03/2001 09:00
CK: NO CR: CT: 144511 BH: 368773

1 E 28.00 = 28.00 ASSUM NAME # 2

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