



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.

FILED EFFECTIVE

2002 MAY -2 AM 9:05

STATE OF IDAHO

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

El Torito Market Camiceria

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

Name
Melchor Chavez

Complete Address
1111 N. Blue Lakes Blvd. Suite C, Twin Falls, Idaho
83301

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

1111 N. Blue Lakes Blvd. Suite C, Twin Falls,
Idaho 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Phone number (optional):

Signature: Melchor Chavez
(signature required)

Printed Name: Melchor Chavez

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\slain form\slain.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
05/02/2003 05:00
CK: 6368260188 CT: 150018 DH: 678258
1 @ 25.00 = 25.00 ASSUM NAME # 2

D65015