

Capacity/Title:\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIONS

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

10 SEP 16 PM 3: 24

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

STATE OF IDAHO

1. The assumed business name which the undersign business is:  Shades N M	• •
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Keri Mendoza 979  Mike Mendoza	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):  Parker i Mendosa  9795 Lanktree Gulch  Star Ld. 836669	Secretary of State use only
Signature: <u>Nendoza</u> Printed Name: <u>Keri Mendoza</u>	0142170
Signature: <u>Keri Mendoa</u> Printed Name:	IDAHO SECRETARY OF STATE  09/16/2010 05:00  CK: 101 CT: 251329 BH: 1239254  1 8 25.08 = 25.08 ASSUM NAME # 2