FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME 2014 APR 30 PM 2: 10

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

SECRETARY OF STATE STATE OF IDAHO

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

M.H.E. Stucco	
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> David Esparza Campos	s) of the entity or individual(s) doing ne: <u>Complete Address</u>
818 N Illinois Ave Trl 43	
Caldwell, ID 83605	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: David Esparza Campos	Submit Certificate of Assumed Business Name and \$25,00 fee to: Secretary of State 450 North 4th Street PO Box 83720
818 N Illinois Ave Tri 43	Boise ID 83720-0080 208 334-2301
Caldwell, ID 83605	
Name and address for this acknowledgmen copy is (if other than # 4 above).	vt

10AHO SECRETARY OF STATE 04/30/2014 05:00

CK:1853540 CT:172099 BH:1422715 1@ 25.00 = 25.00 ASSUM NAME #2

D 170866

9:21/2012

Capacity/Title: Owner

Signature: \_\_\_\_

Printed Name: \_\_\_

Capacity/Title:\_

abn.cmd Rev. 07/2010