27	
CERTIFICATE OF ASSU (Please type or print legibly.	IMED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Id	laho Code, the undersigned
gives notice of adoption of an 1. The assumed business name which the u business is:	
AGUIERA'S APPRAISAL	
<ol><li>The true name(s) and business address( business under the assumed business na</li></ol>	ame is/are:
MICHAEL AGUILERA	Complete Address Bars, ID 12650 W GINGER CREEK Dr 83713
3. The general type of business transacted	under the assumed business name is:
(mark only those that apply)	ring 🔲 Transportation and Public Utilities
Wholesale Trade Agriculture	
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Phone number (optional):
12650 W GINGER CREEK DY Bobe, ID 83713	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5. Name and address for this acknowledgn copy is (if other than # 4 above):	nent Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature:	CK: CASH CT: 141653 BH: 376385
Printed Name: MIKE Abu, ERA	1 @ 20.08 = 20.00 ASSUM NAME # 2
Capacity: <u>C.E.</u> (see instruction # 8 on back of form)	- D - 4 2 2 80
	<del>6</del>