

CERTIFICATE OF ASSUMED BUSINESS NAME

1. 6

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

Please type or print legibly.

Printed Name: Sugara MARTINEZ L Capacity/Title: Ken Executive

FILED EFFECTIVE

11 DEC 16 AM 8:31

SECRETURY OF STATE

Instructions are included on back of applicat	STATE OF IDA-30
The assumed business name which the undersit business is:	igned use(s) in the transaction of
El Rodeo	
2. The true name(s) and <u>business</u> address(es) of to business under the assumed business name: Name Jose Lopez Causa 4	Complete Address
3. The general type of business transacted under to the last of th	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: SUSANA MARTINEZ LIPEZ 411 913 HL South. NAME ID 836 T.1	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):	
gnature: Lors Somai	Secretary of State use only
rinted Name: Jose Copez Concia apacity/Title: Owner Copez Copez Copez	IDAHO SECRETARY OF STATE 12/16/2011 05:00 CK: 7513 CT: 265843 BH: 1392030 1 0 25.00 = 25.00 ASSUM NAME 1 2

abn.pmd Rev. 07/2010

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