## ILED EFFECTIVE



Printed Name: Most

Capacity/Title:

owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 98 JAN 22 PM 1: 05

Pursuant to Section 53-504, Idaho Code, the undersigned RETARY OF STATE submits for filing a certificate of Assumed Business NameSTATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Martha Alvarez	1230 Hansen St., Burley ID 83318
The general type of business transacted under    Retail Trade	
Name and address for this acknowledgment copy is (if other than # 4 above):	
Name and address for this acknowledgment copy is (if other than # 4 above):  Martha Alvarez  1230 Hansen St., Burley ID 83318	Secretary of State use only

IDAHO SECRETARY OF STATE 01/22/2008 05:00 CK: 545506638 CT: 221751 BH: 1895847 1 8 25.00 = 25.00 ASSUM MAME # 2