

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

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

1. The assumed business name which the undersigned business is: \(\hat{\mathcal{E}} \forall	•
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Fisco Gonzalez F57 Ana Gonzalez 157	ntity or individual(s) doing Complete Address N JEFFERSON St.
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Construction Agriculture Mining Mining	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	941.3751
Signature: FL, Seo ConzALEZ A Signature required) Printed Name: Fliser Gonzalez	IDAHO SECRETARY OF STATE 91/25/2095 95:00 CK: 46353350131 CT: 158010 BH: 7890 1 0 25.00 = 25.00 ASSUM NAME #

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