Capacity/Title: ______

(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. 05 0EC 30 PH 3: 37

Please type or print legibly. NOTE: See instructions on reverse before filing.	SEGRE STATE STATE
The assumed business name which the undersigned business is:	use(s) in the transaction of
MIGO OKIHIWA	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
MARIOCKIAS 177	24 Junith AVE
11/ 12/010 00 M/C	1 N 04 10. 83687
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25,00 fee to:
Finance, Insurance, and Real Estate	Marile and \$20,00 loc to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
17774 JUNITHAVE	PO Box 83720
11/ampa 10 83687	Boise ID 83720-0080 208 334-2301
Warn bac to braze	208 334-2301
	Phone number (optional):
5. Name and address for this acknowledgment	503.9692231
COPY is (if other than # 4 above):	505, 1672
	Secretary of State use only
	according to the control of the
	-
Signature: MARIO SIAZ Printed Name: MARIO GIAZ Printed Name: MARIO GIAZ	D94953
Printed Name: MADIO COMPAZ	

IDAHO SECRETARY OF STATE

12/30/2005 05:00

CK: CASH CT: 158010 BH: 929492
1 8 25.00 = 25.00 ASSUM NAME # 2