



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

**FILED EFFECTIVE**  
09 NOV 16 AM 8:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

CUSTOM CABINETS & FURNITURE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

TOMAS A. AVILA

Complete Address

1409 SPRING CT JEROME, ID 83338

OSBALDO CASTRO-CEJA

506 S EISENHOWER AVE E JEROME, ID 83338

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

CUSTOM CABINETS & FURNITURE

1409 SPRING COURT

JEROME, ID 83338

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: Tomas A. Avila  
(signature required)

Printed Name: TOMAS A AVILA

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

9.1complaint formstatn.pdf  
Revised 10/2003

IDAHO SECRETARY OF STATE  
11/16/2009 05:00  
CK: 165718382 CT: 150010 BH: 1195578  
1 e 25.00 = 25.00 ASSUM NAME # 2

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