

Printed Name:

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus Please type or print legibly. NOTE: See instructions on reverse before	undersigned iness Name.
1. The assumed business name which the unde business is: \[\lambda Ca \subseta \text{Dor} \text{Contr} \]	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name ('ristolal Vaca	
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 101 Scott Aug 83350	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): Secretary of State use only
gnature: STORA Jaca rinted Name: Cristoba Vaca apacity/Title:	DOUGHOUSE TO STATE
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