

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2018 AUG 13 AM 10: 32

ACADETADY OF STATE

204774

1. The assumed business name which the undersigned use(s) in the transaction of business is: MENDOZA BROTHERS ROOFING 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do agt include the name you listed in #1): Santiago Mendoza Cruz PO Box 233, Bellevue, ID 83313 (Name) (Address) Heriberto Mendoza Cruz PO Box 233, Bellevue, ID 83313 (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Agriculture Manufacturing Transportation and Public Utilities Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: Santiago Mendoza Cruz (Name) PO Box 233 (Address) Bellevue, ID 83313 (Cay) (State) (Zapcode) Printed Name: Santiago Mendoza Cruz Signature: Manufacture Mendoza Cruz Signat				SECRETARY OF STARS	
2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Santiago Mendoza Cruz PO Box 233, Bellevue, ID 83313 [Name]	1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
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the assumed business name (do not include the name you listed in #1): Santiago Mendoza Cruz PO Box 233, Bellevue, ID 83313 (Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade (Address) Wholesale Trade (Address) Manufacturing (Address) 4. Mailing address for future correspondence: Services (Manufacturing) 5. Name and address for this acknowledgment copy is (if other than #4): Santiago Mendoza Cruz (Name) PO Box 233 (Address) Bellevue, ID 83313 (City) (State) (Zipcode) Printed Name: Santiago Mendoza Cruz Signature: (Address) Printed Name: Heriberto Mendoza Cruz Signature: (Address) Signature: (Address) Signature: (Address) DANO SECRETARY OF STATE B/13/2018 05: 88 C/K:1034 CT: 361790 BH: 1:658424 16: 25.00 = 25.00 ASSUM NAME #2					
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