

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

02 FEB 6 2002
8:38619

STATE OF IDAHO

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

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

Isabella's convenience store.

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

<u>Name</u>	<u>Complete Address</u>
<u>Incaland, Inc</u>	<u>665 E. 17th St.</u>
<u>C 132619</u>	<u>Idaho Falls, ID 83404</u>

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 type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input 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:

Reynaldo & Isabel Segovia
665 E. 17th St.
Idaho Falls, ID 83404

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):

Signature: Reynaldo Segovia
 Printed Name: REYNALDO SEGOVIA
 Capacity/Title: President

(see instruction # 8 on back of form)

Information form 505
Revised 01/2000

Secretary of State use only

D51670

IDaho SECRETARY OF STATE
 02/01/2002 05:00
 CK: 3742 CT: 156677 BH: 443691
 1 @ 20.00 = 20.00 ASSUM NAME # 2