

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

2015 MAR 30 PH 4: 42

**FILED EFFECTIVE** 

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

## Please type or print legibly. Instructions are included on back of application.

2. The true name(s) and <u>business</u> addres	ss(es) of the entity or individual(s) doing
business under the assumed business  Name	
MIGUEL A GARCIA	1408 4TH ST North
	NAMPA ID 83687
3. The general type of business transacte  Retail Trade Transports Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	ation and Public Utilities  tion  re  Submit Certificate of  Assumed Business
4. The name and address to which future correspondence should be addressed:  MIGUEL GAYCICL  1408 4th 5t North  nampa ID 83687	Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
	Secretary of State use only
ignature: Myul	IDAKO SECRETARY OF STATE
rinted Name: MIGUEL A GARCIA	03/31/2015 05:00
apacity/Title: OWNER	CK:CASH CT:158010 BH:146863 1@ 25.00 = 25.00 ASSUM NAME
gnature:	
rinted Name:	- 1 DITT972

U177973

Capacity/Title: