

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

11 JUN 20 PM 2: 01

SECATE ANY OF STATE STATE OF IDAHO

D140460

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

1.	The assumed business name which the und business is:	dersigned	I use(s) in the transaction of	
	Hermanos Vega			_
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name Hector Vega - Sanchez) of the ene: 231 Idah	ntity or individual(s) doing Complete Address 5. Main St. Aberdee 83210	Δ
3.	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
4.	The name and address to which future correspondence should be addressed: Hector Vega-Sanchez 2890 Quigley Rd American Falls Id 83211		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	it		
			Secretary of State use only	
Signa	iture: Hector VSGA Sanches			
Printe	ed Name: Hector Vega Sanchez			
Capa	City/ fille.		IDANG SECRETARY OF STATE	
-	ture:		06/20/2011 05:49 CK: 202561686525 CT: 158010 BH:	30 1279215
Printed Name:			1 0 25.00 = 25.00 ASSUM WAM	ENS
vapa	city/Title:		w	

abn.pmd Rev. 07/2010