



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. 05 FEB 10 PM 1: 32

SECRETARIE OF STATE STATE OF IDAHO

The assumed business name which the under business is:	ersigned use(s) in the transaction of
CAPRICCIO	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  MAKGARET SMITH  ———————————————————————————————————	of the entity or individual(s) doing s:  Complete Address  759 N TALL PINE PL  MEKIDIAN ID 83642
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction	er the assumed business name is: and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  MAR CAPRICCIO TENERO TALL PINE PL MIERIDIAN TO 33642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgmen copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only
Signature: <u>Langalet</u> <u>Mallare required</u> Printed Name: <u>MALGAZET 2MITH</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  ### DOCUMENT OF STA