	CERTIFICATE OF ASSUI	MED BUSINESS NAME AND See instructions on reversed to the contraction of the contract of the c
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	iho Code, the undersigned () " () " () () () () ()
1.	The assumed business name which the unbusiness is: EL Rico To	,
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address	
	Hermelinda Garcia	Complete Address PO BOX 114 TERRETON ID 83450
3.	The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
	Retail Trade	Finance, Insurance, and Real Estate Mining
	correspondence should be addressed:	hone number (optional): (208) (663:4502
	Hermelinda Garcia Box 114 Terre	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
•		Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	re: desmelindo Loscia	03/11/1999 09:00 CK: 6988274212 CT: 112414 BH: 196141
Printed : Capacit	re: <u>Hermelinda Harcia</u> Name: <u>Hermelinda Garcia</u>	1 0 20.00 = 20.00 ASSUM NAME 0 2
Japauli	(see instruction # 8 on back of form)	D 23844