

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

11 FEB 10 AH 8: 38

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

SECRIT BY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the undersignation of the second se	gned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name OSE M Tapia Alcjundring Tapia	ne entity or individual(s) doing Complete Address BSA4 Stafford Rd UCLUELLO 831007
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Summan OS ODOVE	
Signature: Test YAVIA	Secretary of State use only
Printed Name: Tose M Tapia Capacity/Title: NUNCV	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	02/10/2011 05:00 CK: NO CHECK NUM CT: 255390 BH: 125950
	1 0 25.00 = 25.00 ASSUM NAME # 2

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