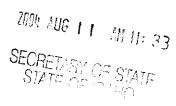


(see instruction # 8 on back of form)

## **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.



1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name:  Name  Our don Rowiguez	Complete Address
3. The general type of business transacted under	
Retail Trade Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  ### ### ############################	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  (208) 461-1962
	Secretary of State use only
Signature:	Octologuestand of State  IDAHO SECRETARY OF STATE  OB/11/2004 05:00  CK: CASH CT: 158610 BH: 768289  1 0 25.00 = 25.00 ASSUM HANE # 2