

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D109797

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

2007 MAR 28 AM 8: 49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address	
business under the assumed business n	name:
Name	Complete Address
Lelvy Salinas	3538 N 3100E
	Tunk Falls TA
	022
	8330/
3. The general type of business transacted	under the assumed business name is:
p	and a decimed business flattic is.
☐ Retail Trade ☐ Transportat	tion and Public Utilities
☐ Wholesale Trade ☐ Construction	on
☐ Services ☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
☐ Finance, Insurance, and Real Esta	te
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
\mathcal{L}	Basement West
49/4 Julinus	PO Box 83720
3538 N 3100 E	Boise ID 83720-0080
Twin falls IN 83301	208 334-2301
5. Name and address for this acknowledgr	ment Phone number (optional):
COPY is (if other than # 4 above):	208-731-2214
	Secretary of State use only
	i de la companya de l
gnature: Selection (signature required)	- 188
inted Name: Relief Solinas	E 00 D
	IDAHO SECRETARY OF STATE
apacity/Title: Owner	03/28/2007 05:
(see Instruction # 8 on back of form)	THE STATE OF THE S