

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2001 APR -2 AM 9: 07

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

The assumed business name which the under business is:	STATE OF IDAHO ersigned use(s) in the transaction of
Diazmetalart	
The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
Noel Diaz	142 E 720 N
Derry Draz	Pichfield Idaho 83349
3. The general type of business transacted und	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Po box 723 Hailey Valo	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen	Phone number (optional):
COpy is (if other than # 4 above):	308-487-3002
DICHTICID IDANO	Secretary of State use only
gnature: Noel D. Sanguer (signature securied)	statin formstatin p55
inted Name: Noel Dogoberto Diaz	See of the second of the secon

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