

Capacity/Title: O (1) EE

(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. 06 FEB -6 PM 3: 19

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRE OF STATE

STATE OF IDAHO

D96275

<ol> <li>The assumed business name which the undersign business is:</li> </ol>	ned use(s) in the transaction of
Rangrez Floof	nc
<ol><li>The true name(s) and <u>business</u> address(es) of the business under the assumed business name:</li></ol>	e entity or individual(s) doing
<u>Name</u>	Complete Address
	S 4TH ST N
Tamirez Santingo 1	ampa ID
	83687
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  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
168 4TH ST N	Basement West PO Box 83720
Jampa ID	Boise ID 83720-0080
53687	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	573-98-12
	Secretary of State use only
Signature: Transaco Transaco Escara Social Signature required)  Printed Name: Transaco Transaco Promitor Signature required	IDAHO SECRETARY OF STATE  92/96/2096 95:00  CK: CASH CT: 158010 BH: 936275  1 0 25.00 = 25.00 ASSIM NAME # 2