

FILED EFFECTIVE



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 filling.

2006 JAN 12 AM 10:31

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

LaReyna Meat Market

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Salvador Garcia

Complete Address

196 W. Elva, Idaho Falls, ID 83402

Ana Maria Garcia

196 W. Elva, Idaho Falls, ID 83402

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

4. The name and address to which future correspondence should be addressed:

Salvador Garcia

196 W. Elva

Idaho Falls, ID 83402

Phone number (optional):

208-200-1874

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Salvador Garcia

(signature required)

Printed Name: Salvador GarciaCapacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

n 95417

Information Form 506
Revised 4/2003

IDaho SECRETARY OF STATE
01/12/2006 05:00
CK: 700984 CT: 172099 BH: 93186
1 @ 25.00 = 25.00 ASSUM NAME # 2