

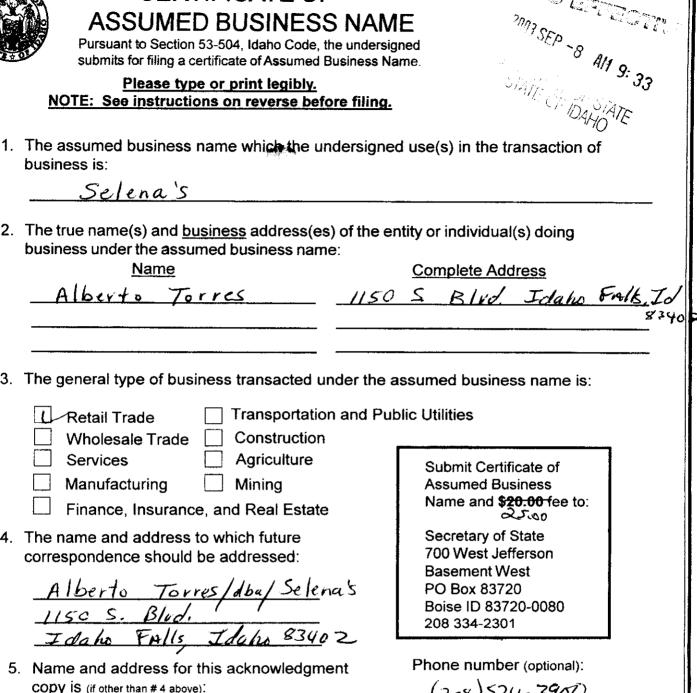
Capacity:

(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.



business is:	
Selena's	
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Alberto Torres //50	Complete Address
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Alberto Torres/Aba/ Selena's 1150 S. Blud. Tabaha Falls Idaha 8340 2	Submit Certificate of Assumed Business Name and \$20.00 fee to: 25.00 Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 524-3900
Same as above	Secretary of State use only
Signature: Alberto Torres	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 09/08/2003 05:00 43279668509 CT: 158010 BH: 790392