



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.

03 MAY 23 PM 1:07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Rebecca's Mini Market

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

Name

Complete Address

Leonel Martinez

631 W Arizona Homedale ID 83628

Lilia Martinez

631 W. Arizona Homedale ID

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:

Leonel Lilia Martinez
631 W Arizona
Homedale ID 83628

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

Leonel & Lilia Martinez
20 W. IDAHO AVE
Homedale ID 83628

Phone number (optional):

Secretary of State use only

Signature: Leonel Martinez
(signature required)

Printed Name: Leonel Martinez

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\statn forms\statn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
05/23/2003 05:00
CK: CASH CT: 150010 BH: 682453
1 @ 25.00 = 25.00 ASSUM NAME # 2

D65 700