



# 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.**

**FILED EFFECTIVE**

2005 MAY 10 10:08:32

STATE OF IDAHO

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

Tacos Azteca

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

Name

Martin Cruz

Elsa Cruz

Complete Address

885 Kearney Place Idaho Falls, ID 83401

885 Kearney Place Idaho Falls, ID 83401

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 |                                                              |

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

885 Kearney Place

Idaho Falls, ID 83401

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

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

Phone number (optional):

Secretary of State use only

Signature: \_\_\_\_\_

*(Signature required)*

Printed Name: \_\_\_\_\_

Martin Cruz

Capacity/Title: \_\_\_\_\_

Partner

(see instruction # 8 on back of form)

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Revised 3/4/2003

IDAHO SECRETARY OF STATE  
05/10/2005 05:00  
CK: 699179778 CT: 158010 RH: 009534  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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