Capacity/Title:

(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.

08 JAN 30 AM 8: 39

SECRETARY OF STATE STATE OF IDAHO

		- Roman Rocfing
5	The true name(s) and business address(es) of the dusiness under the assumed business name: Name Marieu Sanones	
3. T	he general type of business transacted under t Retail Trade Transportation and Wholesale Trade Construction	
!	Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of - Assumed Business Name and \$25.00 fee to:
	the name and address to which future orrespondence should be addressed: 13216 Lianuagton Jt. Gouding. 10 83330	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
		Secretary of State use only

CONTRACTOR

IDAHO SECRETARY OF STATE

01/30/2008 05:00

CK: 3790128024 CT: 158010 BH: 1097185
1 8 25.00 = 25.00 ASSUM NAME # 2

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