

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

2014 APR -9 PM 2:23

 SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

ICON PROMOTIONZ

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

AGUILINO MARTINEZ 3RD

219 11TH AVE N NAMPA, ID 83686

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

AGUILINO MARTINEZ 3RD

219 11TH AVE N NAMPA, ID 83686

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

Secretary of State use only

Signature: Aguilino Martinez 3rd

Printed Name: Aguilino Martinez 3rd

Capacity/Title: OWNER/CEO

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
04/09/2014 05:00
CK: 1801686 CT: 172099 BH: 1419442
1 @ 25.00 = 25.00 ASSUM NAME # 2

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