



# 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.

2006 JAN 30 AM 9:29

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.  
**NOTE: See instructions on reverse before filing.**

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

VINES OF LIFE

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
<u>TOM VIALPANDO</u>	<u>11088 W. EDNA ST. Boise ID 83713</u>
<u>JESSICA VIALPANDO</u>	<u>11088 W. EDNA ST Boise ID 83713</u>

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input 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  
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:

11088 W. EDNA ST Boise ID. 83713

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

Phone number (optional):  
208-378-7581

Signature: Tom Vialpando  
(signature required)

Printed Name: TOM VIALPANDO

Capacity/Title: Owner  
(see instruction # 8 on back of form)

g:\cop\format\abn form\abn.p65  
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/30/2006 05:00  
CK: 2168 CT: 158010 RH: 934797  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D95959