

Capacity/Title: ________

(see instruction # 8 on back of form)

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.

Please type or print legibly. NOTE: See instructions on reverse before filing. 2007 APR -2 AM 37 SECRETARY OF STATE

2. The true name(s) and business address(es business under the assumed business nar	ne:
Name	Complete Address
Wenceslao Guerrero	3440 Mit (1911 + 1975)
Jose Guerrero	1040 Snowflake Dr. Hacley 8333
3. The general type of business transacted u	inder the assumed business name is:
Retail Trade Transportatio	on and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson
	Basement West
	PO Box 83720
	Boise ID 83720-0080 208 334-2301
POBOX 1160 Bellevue POS	83313
	Discourage (entional):
5. Name and address for this acknowledge	578-0413
COPY IS (if other than # 4 above):	010.0412
	Secretary of State use only
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