Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 40c 18 11 22 AM To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name CRET 1. The assumed business name which the undersigned use(s) in the transaction of to business is: Muestra Gente 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name ___ 575 Caldwell Blud. 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Services Mining Phone number (optional): 368-466-23/5-4. The name and address to which future correspondence should be addressed: Submit Certificate of **Assumed Business** 575 Caldwell BLUL. Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 Saue 208 334-2301 Secretary of State use only 1DAHO SECRETARY OF STATE 08/14/2004 09:00 CK: CASH CT: 134682 BH: 340336 1 0 20.00 = 20.00 ASSUM NAME # 2 Printed Name: -

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