

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

2014 SEP 11 AM 8: 57

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersigned business is:	ed use(s) in the transaction of	
	caping	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Angel Lope 7 131	entity or individual(s) doing  Complete Address  LElizabeth Blv.	
3. The general type of business transacted under the  Retail Trade Transportation and Pu Wholesale Trade Construction		
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
4. The name and address to which future correspondence should be addressed:  Anael Lopez 1310 Elizabeth Blv. TwinFalls Id 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment copy is (if other than # 4 above):		
- Thursday	Secretary of State use only	•
Signature: Ange Lopez  Capacity/Title: Signature:	IDAHO SECRETARY OF ST 09/11/2014 05: CK:106397446342 CT:158010 10 25:00 = 25:00 ASSUM	00 BH:1440953
Printed Name:	0173697	
Capacity/Title:	. •	· 1

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