

## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

The assumed business name which the undersigned business is:      Comalez Market	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Tose Rafael Gomalez  Tri	entity or individual(s) doing  Complete Address  S N Whitley Drive  Lithand TD 83119
3. The general type of business transacted under the  X Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Tose Rafael Conzalez  Leos N. Whitley Dr.  Truitland, ID 83419	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):  208-452-3707
984	Secretary of State use only

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IDAHO SECRETARY OF STATE

102/14/2007 05:00

CK: 49494975750 CT: 158010 BH: 1033370

1 0 25.00 = 25.00 ASSUM NAME # 2

Signature: Mul. 1

Printed Name:

Jose R. Gomzale

Capacity/Title:\_

(see instruction #8 on back of form)