

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

05 AUG 24 AM 9: 27

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and <u>business</u> address(es) business under the assumed business name	of the entity or individual(a) data
business under the assumed business name Name	e:
Marriaga	Complete Address
Valanda III ilai-	2510 E. Ohio Ave.
	2510 E. Ohio Ave.
3. The general type of business transaction	
D Dusiness transacted und	
Wholesale Trade Construction	nd Public Utilities
	Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future	
correspondence should be addressed:	Secretary of State 700 West Jefferson
Mauricia & Volanda Anulan	Basement West
2510 F. Disa Ara	PO Box 83720 Boise ID 83720-0080
Namoa, ID 83896	208 334-2301
5. Name and address for this acknowledgment	Phone rumb
Copy is (if other than #4 above):	Phone number (optional):
	(208) 318-0341

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IDAHO SECRETARY OF STATE

08/24/2005 05:00

CK: 1714 CT: 158810 RM: 987879

1 R 25.88 = 25.80 ASSUM NAME # 2

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