(see instruction # 8 on back of form)



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

2885 2112 - 1 200

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

Please type or print legibly.

2. The true name(s) and business address(es) of business under the assumed business name.	of the entity or individual(s) doing
Name	Complete Address
Fora Numez &	1155 Canyon Ave Idaho Falls Idaho 8340
3. The general type of business transacted under	
Retail Trade Transportation as Wholesale Trade Construction	nd Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Edgar & Kosa Nurez 1155 Caryon Ave Idaho Falls, Edwo 83402	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above).	208 403 6118
	Secretary of State use only
nature: Facur Nune?  acity/Title: OWner	TINHO SECRETARY OF CTATE
pacity/Title: OWner	IDAHO SECRETARY OF STATE

08/01/2005 05:00 CK: 1144 CT: 158810 BH: 824286 1 8 25.88 = 25.88 ASSUM MANE # 2