

Capacity/Title: a soer/

(see instruction #8 on back of form)

CERTIFICATE C. ASSUMED BUSINESS NAME 13 PH 12: 35 **CERTIFICATE OF**

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

FILED EFFECTIVE

NOTE: See instructions on reverse before filing.

	••
1. The assumed business name which the undersign	ned use(s) in the transaction of
business is:	
Ricardo Wholesale	loade
Tacarae corolesine	<u> </u>
2. The true name(a) and husiness address(as) of the	a antity or individual(e) doing
The true name(s) and business address(es) of the business under the assumed business name:	e entity of individual(s) doing
	Complete Address
Name	Complete Address
Ricardo Esquivel 202	55 Apricot La Caldwell
6	<u> </u>
3. The general type of business transacted under th	e assumed business name is:
· · · · · · · · · · · · · · · · · · ·	W
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
Services Agriculture	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Name and \$25.00 lee to.
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street
Correspondence should be addressed.	PO Box 83720
Kirando Esquivel	Boise ID 83720-0080
20255 Apricoth	(208) 334-2301
	(200) 33 + 2001
Caldwell ID 83607	
5. Name and address for this acknowledgment	
CODY is (if other than #4 above):	
copy to (it outs that it is above).	
	· ·
	Secretary of State use only
98	:
rinted Name: Ricardo Ecquivel	
rinted Name: Ricardo Ecouwel	
rinted Name: Ricardo Ecouruel	TRANG SECRETARY OF STATE
I E &	- 1717 W. (MILLANDER) (MATE) (A 1 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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