

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly. Instructions are included on back of application. STATE OF IDAHO

1.	The assumed business name which the undebusiness is:	ersigned	use(s) in the transaction of	
	Servicios Imigrafore	as		
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Rosic Valencia	of the e	Complete Address Middlesm Pd Nampa ID 83651	
3.	The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
4.	The name and address to which future correspondence should be addressed:  J.R. Japià  3118 #21 Middle fon Rd  Dampa ID 83651	į	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):			
			Secretary of State use only	
Signa	ed Name: Rosie Valencia			
Capacity/Title:			IDAHO SECRETARY OF STATE  08/04/2011 05:00	
Signature:			CK: CASH CT: 261272 BH: 1285283 1 8 25.00 = 25.00 ASSUM NAME # 2	
Printed Name:				

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