

Printed Name: Ectale S.

Capacity/Title:____

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMELED/EFFECTIVE

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

<u>Please type or print legibly.</u> See instructions on reverse before filing. 2003 FEB 11 AM 8: 54

NOTE: See instructions on reverse before filing.	OF Control Factors Company
SECHETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Zamora Express	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Eddie S. Zumora 1102	
3. The general type of business transacted under the and Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
correspondence should be addressed: Eddie S. Zamora 1102 Pintail St. Fruitland, Td. 83419 5. Name and address for this acknowledgment	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
ignature	(208) 452 - 7804 Secretary of State use only
ignature 8	

g.korp/forms/abn_forms/abn Revised 09/2002

IDAHO SECRETARY OF STATE 02/11/2003 05:00 CK: 4115 CT: 158010 BH: 662190 1 8 20.00 = 20.00 ASSUM NAME # 2

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