

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

08 NOV -7 AM 8: 30 SECRETARY OF STATE STATE OF IDAHO

The torus	ama(a) and haster as 11	
business u	ame(s) and business addre	ss(es) of the entity or individual(s) doing s name:
	Name	Complete Address
Arlindo furtado		7344 hillveiw Rd Emmett ID 83617
The genera	al type of business transacte	ed under the assumed business name is:
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		tation and Public Utilities
Servi		
		Submit Certificate of
	rfacturing	Assumed Business
│	nce, Insurance, and Real Es	tate Name and \$25.00 fee to:
The name	and address to which future	Secretary of State
	ence should be addressed:	
	<u>}</u>	Basement West
Arlindo Fur		PO Box 83720
7344 Hillve	iw Rd	Boise ID 83720-0080
Emmett ID	83617	208 334-2301
Name and	address for this acknowled	gment Phone number (optional):
copy is (if o	ther than # 4 above):	208 369 6478
		Secretary of State use only
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Name:	(eigneture réquired) Arilindo Furtado	IDAHO SECRETARY OF S
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<u> </u>		CX: 5766776435 CT: 158010 25.00 = 25.00 ASSU

