



# CERTIFICATE OF ASSUMED BUSINESS NAME 07 NOV 15 AM 8:27

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

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

UP IN SMOKE TOBACCO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>JOSE A. Tijerina</u>	<u>2408 E. CLEVELAND BLVD</u>
<u>MARIA D. Tijerina</u>	<u>CALDWELL, ID 83605</u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

2408 E. CLEVELAND  
CALDWELL ID 83605  
JOSE A. Tijerina

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Jose A. Tijerina  
(signature required)  
Printed Name: JOSE A. Tijerina  
Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Secretary of State use only

IDAHO SECRETARY OF STATE  
11/15/2007 05:00  
CK: 1003 CT: 150010 BH: 1085414  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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