



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

FILED

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

Locals Only

STATE OF IDAHO

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

Name Michael A. Martinez Complete Address Idaho Falls ID 83404
1040 E Sunnyside Rd

Holly T. Martinez 1040 E Sunnyside Rd

Danny C. Reschke 130 4TH Idaho Falls Id 83402

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional) (208) 524-0320

Locals Only

1040 E Sunnyside Rd.

Idaho Falls, Id 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Michael A. Martinez

Printed Name: Michael A. Martinez

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/88

g:\secform\ain1.pdf

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE
86/84/1999 69:00
CK: 1607 CT: 116406 BH: 222775
1 0 29.00 = 29.00 ASSUM NAME # 2
D26570