



# 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

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	Complete Address
<u>Michael A. Martinez</u>	<u>1066 E Sunnyside Rd Idaho Falls ID 83401</u>
<u>Holly T. Martinez</u>	<u>1066 E Sunnyside Rd</u>
<u>Danny C. Reschke</u>	<u>130 4th Idaho Falls ID 83402</u>

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

1066 E Sunnyside Rd.

Idaho Falls, ID 83404

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

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

06/04/1999 09:00  
CR: 1687 CT: 116406 BH: 222775

18 26.00 = 20.00 ASSUM NAME # 2

D26570

Signature: Michael A. Martinez

Printed Name: Michael A. Martinez

Capacity: owner

(see instruction # 8 on back of form)

Revision 1/96

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