

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

2018 JUL 20 AM 9: 16

	•				SECRETARY OF S	STATE
1.	STATE OF IDAHO The assumed business name which the undersigned use(s) in the transaction of business is:					
	The Liquidation Center					
2.	The individual and/or entity	naman and husinass		roog(og) of	those daing business w	- d - u
۷.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
		215 Eastland Dr., Twin Falls, Idaho, 83301				
	(Name) (1) (C) (T) (M)	(Address)				
	(NO 124 (80)					
	(Name)	(Address)				
	(Name)	(Address)		· · · · · ·		
	(Name)	(Address)		<u></u>		
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3.	The general type of business transacted under the assumed business name is:					
		Construction		□Tra	nsportation and Public I	Itilities
	Wholesale Trade	Agriculture			ning	Otintios
	Services	Manufacturin	g		ance, Insurance, and R	eal Estate
1.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):					
	Sergio Mendoza			Sergio Me		
	(Name)	<u> </u>		(Name)		
	123 W. Main St.			791 Cany	on Crest	
	(Address) Jeorme, ID, 83338			(Address) Twin Falls	s, Idaho, 83301	
		ate) (Zipcode)		(City)	(State)	(Zipcode)
٦ri	nted Name: Sergio Mendoza				Secretary of State use only	
Siç	gnature:				TRIVA PROBRESSO OF	ant ma
·				IDAHO SECRETARY OF STATE 07/20/2018 05:00		
۲ľ	inted Name:				C:3058 CT:313219 BF	H:1654610
Signature:				1.0	25.00 = 25.00 ASSI	IM NAME #2
Pri	nted Name:					
						

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