



# 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.**

FILED EFFECTIVE

2003 AUG 15 PM 2:00

CLERK OF STATE  
STATE OF IDAHO

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

Aurora's

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

Eliseo Olivas

P.O. Box 183 Newdale ID 83436

Noemi Olivas

P.O. Box 181 Tetonia ID 83452

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 checked="" 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:

P.O. Box 183 Newdale ID 83436

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

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

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

Phone number (optional):

208-456-3082

Signature: Eliseo Olivas

(signature required)

Printed Name: Eliseo Olivas

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

268035

IDAHO SECRETARY OF STATE  
08/15/2003 05:00  
CK: 1030 CT: 158010 BH: 696714  
1 @ 25.00 = 25.00 ASSUM NAME # 2