CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

10	To the SECRETARY OF STATE, STA	aho Code, the	undersigned LZ 1Z Z V 0Z
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	HERNANDEZ AND GARCIA		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	FIDEL HERNANDEZ	310 B IV)	nplete Address V 6 1. NAMPA ID 83686
	JOSE GARCIA	1909 Explo	RER CT. NAMPH IN 83687
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	☐ Fina	nsportation and Public Utilities ance, Insurance, and Real Estate iing
4.	The name and address to which future Phone number (optional): 573.1037 correspondence should be addressed:		
	310 B IUY ST. NAMPA FD 83	2686	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

Printed Name: FIDEL HERNANDEZ

Capacity: PARNER

(see instruction # 8 on back of form)

IDAHO **01/2**2 CK: CASH 1 8 20.00

IDAHO SECRETARY OF STATE

01/22/2002 05:00

CK: CASH CT: 156031 BH: 441286
1 0 20.00 = 20.00 ASSUM NAME # 2

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