227 FILED EFFECTIVE



CERTIFICATE OF	_
ASSUMED BUSINESS	SNAME
Pursuant to Section 53-504, Idaho Code,	the undersigned
Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed  Please type or print legibly.	Business Name
Please type or print legibly.	OstilATE
NOTE: See instructions on reverse before	ore filing.
φ 4 <b>ભ</b>	
1. The assumed business name which the ur	idersigned use(s) in the transaction of
adusiness is.	1
8 IT T Drywal	
2. The true name(s) and business address(es	s) of the entity or individual(e) dains
business under the assumed business nar	
Name	Complete Address
Jose Avila	
Amber Avila	1000 Woodside Blud Phily Id
Tiviliser Fronce	1000 woodside Blud Haily Id
3. The general type of business transacted ur	nder the assumed business name is:
3 7,	The described basiness flattic is.
Retail Trade Transportation	n and Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Nome and 605 00 feet
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Jose Avila	PO Box 83720
1050 word side Rud	Boise ID 83720-0080
Haily Id 83333	208 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
copy is (if other than # 4 above):	200-70-6466
	728 3630
	Secretary of State use only
7	
	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
nature: Color Andr	ms/at
ited Name: Jose Avila	IDAHO SECRETARY OF STATE  BENEFIT OF STATE  BENE
	06/28/2004 05:00 CK: 1432 CT: 158010 BH: 752650
pacity/Title: () Wher	1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	6

Sigr (signature required) Capacity/Title:\_

(see instruction # 8 on back of form)

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