

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 APR 20 PM 12: 54

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name Complete Address 508 Ash Ct hc 64 box 29 Pierce Id 83546  The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Araceli Tinoco hc 64 box 29 Pierce Id 83546 Name and address for this acknowledgment	Taqueria	a El Tapatio	_
Araceli Tinoco    Solition   Araceli Tinoco   Araceli Tinoco			
The general type of business transacted under the assumed business name is:  Retail Trade	Name	Complete Address	
The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Araceli Tinoco hc 64 box 29 Pierce Id 83546	Araceli Tinoco	508 Ash Ct	2°8'*
The general type of business transacted under the assumed business name is:  Retail Trade		hc 64 box 29	-
Retail Trade		Pierce Id 83546	
✓ Services			ji. J
	✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Araceli Tinoco hc 64 box 29 Pierce Id 83546  ◆	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301	•
	(signature required)	1000 SECRETARY OF ST	· · · /
ature: Funcilitations (signature required)	ed Name: Araceli Tinoco	TO THE PERSON OF STATE OF STAT	ATE

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