



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 FEB 18 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Twin Falls Train Shop & Hobbies

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

Simon Rodriguez

144 Main Ave. South Twin Falls Idaho 83301

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 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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Simon Rodriguez 296 Carriage Lane

Twin Falls Idaho 83301

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

Secretary of State use only

Signature: Simon Rodriguez

Printed Name: Simon Rodriguez

Capacity/Title: _____

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
02/18/2011 05:00
CK: 5678222224 CT: 150018 BH: 1260600
1 @ 25.00 = 25.00 ASSUM NAME # 2

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