



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
07 AUG 23 AM 8:23
SECRETARY OF STATE
STATE OF IDAHO

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

Maldonado Custom

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

David T Maldonado

130 El Camino Ave. Twin Falls, Id. 83301

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

David T Maldonado
688 Poleline Rd #50
Twin Falls, Id 83301

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):

Signature David Maldonado
(signature required)

Printed Name: David T Maldonado

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\main\form\main.p65
Revised 04/22/03

IDAHO SECRETARY OF STATE
08/23/2007 05:00
CK: 11099151314 CT: 158818 BH: 1072094
1 @ 25.00 = 25.00 ASSUM NAME # 2

D114442