

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2013 AUG -8 PM 3:57

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

SECRETARY OF STATE
STATE OF IDAHO

| | STATE OF IDAHU |
|---|---|
| The assumed business name which the unbusiness is: | |
| 2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Maria D Lopez | s) of the entity or individual(s) doing |
| 3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of |
| 4. The name and address to which future correspondence should be addressed: Maria D Lopez 1207 Willow fre Numpa 93651 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmer copy is (if other than # 4 above): | nt |
| 1/2 . 2 . 10 202 | Secretary of State use only |
| Signature: MARIA D. Lope Z Printed Name: MARIA D. Lope Z Capacity/Title: OWNTY Signature: MARIA D Lope Z | IDAHO SECRETARY OF STATE 98/98/2013 95:90 CK: CASH CT: 158010 BH: 1385423 |
| Printed Name: MAKIA D. LopeZ | 1 8 25.00 = 25.00 ASSUM NAME # 2 |

abn.pmd Rev. 07/2010

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