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.

06 JUL -7 AM 8: 06

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the unbusiness is:		
2. The true name(s) and <u>business</u> address(estates business under the assumed business name Name Enriqueta Campos ponciano Coupos	ne:	Complete Address 7 garrity blud Suite #4
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Entravela Eponagio Cames Services Ames Ilo Champa II & 83 \$86	·	
 Name and address for this acknowledgme copy is (if other than #4 above): 	nt	Phone number (optional): 463-4897 713-5978 Cell
		Secretary of State use only
Signature: Printed Name: Ont cion o Campo S Capacity/Title: (see instruction # 8 on back of form)	g-loorpiformstabn formstabn.p65 Revised 04/2003	IDAHO SECRETARY OF STATE 67/07/2006 65=00 CK: CASH CT: 158010 BH: 963711 1 # 25.82 = 25.88 ASSUM NAME # 2