

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.

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

1.	The assumed business name which the un business is: The Three Amigos Radi		, ,	
2.			, , , ,	
3.	The general type of business transacted ur 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: Alejandro Castaneda 1411 Falls Ave E Ste 21 Twin Falls, ID 83301-3455		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt .		
	d Name: Alexandro Castaneda		Secretary of State use only	
Signa	ture:		IDAHO SECRETARY OF STATE 102/22/2012 05:00 CX: 1010 CT: 267253 BH: 1311656 1 0 25.00 = 25.00 ASSUM NAME # 2	

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