

## 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.

09 AUG 10 PM 1: 02 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

EVANGELINA R OCHOA

OWNER

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:\_

The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name  Name  Evangelina R Ochoa	• • • • • • • • • • • • • • • • • • • •
The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720
Freds HVAC and Electric PO Box 1392	Boise ID 83720-0080 (208) 334-2301
Caldwell Idn 83605	
. Name and address for this acknowledgme copy is (if other than # 4 above).	nt

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