

## **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.

08 JUN 17 PM 2:54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

M.A. ROBLES	
The true name(s) and business address(es) of business under the assumed business name     Name     MANUEL ANTONIO ROBLES	of the entity or individual(s) doing : Complete Address 1921 EVEREST-IDAHO FALLS ID 83402
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  SAME  SAME  5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
COPY IS (if other than # 4 above).  SAME	Secretary of State use only
Signature: The Manuel State of the Company of the C	IDAHO SECRETARY OF STATE  ##################################

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