

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE submits for filing a certificate of Assumed Business Name.

07 DEC 26 AM 8: 25

SECRETARY OF STATE STATE OF IDAHO

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

	business is: COBRA COMI	MUNICATK	ONS	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			
15 %	ALBERTO BANDERAS CORONA	3119	PARKRIDGE DR,NAMPA,ID,	33687
				·
3.	The general type of business transacted un	der the a	ssumed business name is	3:
J .				* 4
	Li Retail Hade	and Pub	olic Utilities and provide a party	la.
	Wholesale Trade Construction Services Agriculture	r Line in the second of the s		
	✓ Services Agriculture Manufacturing Mining		Submit Certificate of Assumed Business	
	Finance, Insurance, and Real Estate	ាស ខេត្ត ១៩	Name and \$25.00 fee to):
4	The name and address to which future		Idaho Secretary of State	
┿.	correspondence should be addressed:	*	450 N 4th Street PO Box 83720	
	ALBERTO BANDERAS CORONA		Boise ID 83720-0080	
	3119 PARKRIDGE DR,NAMPA,ID,83687		(208) 334-2301	
E	Name and address for this acknowledgme	ant	Company of the Compan	***************************************
J	CODY IS (Fother than # 4 above):		•	
			Secretary of State use only	
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inte	ed Name: ALBERTO BANDERAS CORONA	Q A		
	city/Title: OWNER	8.2		i i

IDAHO SECRETARY OF STATE

12/26/2007 05:00

CK: 1324 CT: 158018 BH: 1891487

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