



# CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

07 OCT 15 AM 8:16  
SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Gury Mangury

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

Maria G Chavolla

269 Villa Rd, Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

4. The name and address to which future correspondence should be addressed:

Maria G Chavolla

269 Villa Rd

Twin Falls, ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: Maria G Chavolla  
(signature required)

Printed Name: Maria G Chavolla

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
10/15/2007 05:00  
CK: 1520 CT: 158016 BH: 1080351  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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