

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUN 19 PM 4:11
SECRETARY OF STATE
STATE OF IDAHO

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

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

SANCHEZ TRUCKING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Jose Maria Sanchez</u>	<u>903 W Oakmont Ave</u>
<u></u>	<u>Nampa, Idaho 83686</u>
<u></u>	<u></u>

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

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Jose M Sanchez

903 W Oakmont Ave

Nampa, Idaho 83686

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

Same as above

Signature: Jose Maria Sanchez

Printed Name: Jose Maria Sanchez

Capacity/Title: Owner / Operation

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/19/2013 05:00
CK: 1446000 CT: 172099 BH: 1378886
1 @ 25.00 = 25.00 ASSUM NAME # 2

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