

Capacity/Title:__

(see instruction # 8 on back of form)

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 0CT -5 AM 9: 18

The true name(s) and business address(es) of the business under the assumed business name:	ne entity or individual(s) doing
Name Alma D. Aguilera	Complete Address 914 Quali Place Caldwell, ID 83605
The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 914 Quail Place	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
Name and address for this acknowledgment copy is (if other than # 4 above): ture: (signature require) A QUILLER	(208) 334-2301 Secretary of State use only

IDAHO SECRETARY OF STATE

10/05/2009 05:00

CK: 142293151 CT: 158810 BH: 1189723
1 8 25.00 = 25.00 ASSUM MANE # 2