Capacity:_

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUN (Please type or print legibly. S	MED BU	SINESS NAME ons on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.			
1.	The assumed business name which the unbusiness is:	dersigned u	se(s) in the transaction of
	Orlando's Auto Repair		O
2.	The true name(s) and business address(es business under the assumed business name	ne is/are:	
	GuadaLupe T. Donez	430 D	omplete Address atc., MHN. Home ID 83647
3.	The general type of business transacted un (mark only those that apply)	der the assi	umed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ining
The name and address to which future Phone number (optional): correspondence should be addressed:			er (optional):
	Orlando's Auto Repair + Upholst. PO Box 457	ery	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Mountain Home ID 83647		Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
		<u> </u>	208 334-2301
		Revision 12/99	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	ire: Mondalupe & Woney	Revisic	01/26/2001 09:00 CK: 182 CT: 141412 BH: 375142 1 8 20.88 = 28.88 ASSUM NAME # 2
Printed	Name: Guada Lupe J. Donez	on.p65	7 -42144

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