

Printed Name: Korina K Martinez

Capacity/Title: Co-owner

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2815 MAR 26 AM 8: 20

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

The general type of business transacted under the assumed business name is:  Retail Trade	Name Desi and Korina Martinez	S name: <u>Complete Address</u> 515 20th Ave North Nampa, ID-83887
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Triple M  515 20th Ave North Nampa, ID 83687  Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	Retail Trade Transpor Wholesale Trade Construct Services Agricultu	tation and Public Utilities ction ure Submit Certificate of
	The name and address to which futur correspondence should be addressed Triple M	state Name and \$25.00 fee to:  e Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
COPY IS (if other than # 4 above).	. Name and address for this acknowled	

IDAHO SECRETARY OF STATE 03/26/2015 05:00

CK:17185322478 CT:308168 BH:1467979  $16\ 25.00 = 25.00$  ASSUM NAME #2

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