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CERTIFICATE OF ASSUMED BUSINESS	
Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B	
Please type or print legibly. Instructions are included on back of app	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>Orlands Garcia</u>	
 3. The general type of business transacted ur Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Oclando Garciq J340 Nictory odH3 Boise, TD 83705 5. Name and address for this acknowledgmer copy is (if other than #4 above):	and Public Utilities 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
Signature: Orlando G Printed Name: Orlando Garci q Capacity/Title: Owner Signature: Printed Name: Capacity/Title:	Secretary of State use only