| FILED/EFFECTIVE |
|-----------------|
| 1251 153051 |
| ities |

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly See instructions on reverse.)

| | Man (Flease type of print legibly. See instruction | iis off leverse.) |
|----|--|---|
| | To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed Busin | undersigned S = 5 |
| 1. | The assumed business name which the undersigned us | e(s) in the transaction of |
| | business is: | e(s) in the transaction of |
| | Tenos Ultra CAr (AR | |
| | | or individual(s) doing |
| 2. | The true name(s) and business address(es) of the entity | or individual(e) doing |
| ۷. | business under the assumed business name is/are: | S marvidual(3) doing |
| | | mplete Address |
| | Jouce Simenez 336 | CAID) (Plus |
| | | NAMEN IN 8305 |
| | Teno Simerez 336 Ca | ILDINGLE RIVE |
| | | NAMPA. ID 83(5) |
| | | , |
| 3. | The general type of business transacted under the assu (mark only those that apply) | med business name is: |
| | ☐ Wholesale Trade ☐ Agriculture ☐ Fin | ansportation and Public Utilities ance, Insurance, and Real Estate ning |
| 4. | The name and address to which future Phone numbe correspondence should be addressed: | r (optional): 467-4744 |
| - | Jours Simenez | Submit Certificate of |
| | | Assumed Business |
| | 1600 Simenes | Name and \$20.00 fee to: |
| | | |
| | | Secretary of State |
| 5 | Name and address for this acknowledgment | 700 West Jefferson Basement West |
| ٥. | COPY is (if other than # 4 above): | PO Box 83720 |
| | Maria diamentale di di | Boise ID 83720-0080 |
| | 17UFO DEMILING | 208 334-2301 |
| | | Secretary of State use only IDAHO SECRETARY OF STATE |
| | 8 | ANNU DECKESHKT UP STRIE |

Signature:

Printed Name: mene z

Capacity:

(see instruction # 8 on back of form)

61/24/2001 09:00 CK: A CT: 141294 BH: 374621

1 @ 20.00 = 20.00 ASSUM NAME # 1

D-41991