

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

7		FILE
NO	CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin Please type or print legibly. TE: See instructions on reverse before f	indersigned AM 8:49
The assumed business name which the undersigned use(s) in the transaction of business is:		
busine	ne name(s) and business address(es) of ss under the assumed business name: Name Mette Gomez 2 Set Gokez 2	f the entity or individual(s) doing Complete Address 1669 Boehner Rd. Wilder, ID 8367 1669 Boehner Rd. Wilder, ID 83676
4. The na corres	eneral type of business transacted under Retail Trade Transportation are Wholesale Trade. Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate ame and address to which future pondence should be addressed: Anothe Gomez When Boehner Rd.	
	e and address for this acknowledgment is (if other than # 4 above):	Phone number (optional): 208-484-2827
Signature:	e: JANETTE GOMEZ	Secretary of State use only Secretary of State use only COOLING SECRETARY OF STATE USE ONLY

IDAHO SECRETARY OF STATE

94/15/2003 05:00

CK: 2564 CT: 158010 BH: 674820

1 8 25.00 = 25.00 ASSUM NAME # 2