

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504. Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

07 SEP -7 PM 1: 0 SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(es) business under the assumed business name Name	
Juan Mendoza (Ramirez)	27 w main Rexburg ID 83440
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction	er the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
inted Name: Juna Mendoza Ramirez apacity/Title: Owner	IDAHO SECRETARY OF STATE 99/07/2007 05:00
(see instruction # 8 on back of form)	29/07/2007 05:01 CX: 192 CT: 217292 BH: 10745 1 8 25.06 = 25.06 ASSUM MANE

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