



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
2015 MAR -2 PM 2:21

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

HANDYRIDES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>GARY MOSS</u>	<u>15065 VISTA DR</u>
<u></u>	<u>CALDWELL ID</u>
<u></u>	<u>83607</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

15065 VISTA DR
CALDWELL ID
83607

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Gary Moss

Printed Name: GARY MOSS

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State use only

IDAHO SECRETARY OF STATE
03/02/2015 05:00
CK:2623932 CT:172099 BH:1464088
1@ 25.00 = 25.00 ASSUM NAME #2

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