



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

06 MAR 13 PM 3: 23

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

M. & J's A.B.C. TAXI

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

Name

Complete Address

Charles M. Ellinger
Carolyn Jonny Ellinger

11427 Gila Dr Kuna Id
11427 Gila Dr Kuna Id

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:

Michael Ellinger
11427 Gila Dr
Kuna Id 83634

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-362-7851

Secretary of State use only

Signature: Charles M. Ellinger
(signature required)

Printed Name: Charles M. Ellinger

Capacity/Title: _____

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/13/2006 05:00
CK: CASH CT: 158010 BH: 942901
1 @ 25.00 = 25.00 ASSUM NAME # 2