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.

FILED/EFFECTIVE
02 SEP 24 AM 11:07
SECRETARY OF STATE
STATE OF IDAHO

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

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
June Ann Pearson	2105 N. 18th
	Boise. Idaho 83702

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

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☑ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☑ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

Submit Certificate of Assumed Business Name and **$20.00** fee to:

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

4. The name and address to which future correspondence should be addressed:
   June A Pearson
   2105 N 18th
   Boise Idaho 83702

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

Phone number (optional): (208) 338-7011

Signature: June A Pearson
(signature required)
Printed Name: June A. Pearson
Capacity/Title: Owner / Operator
(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65
Revised 07/2002

Secretary of State use only

IDAHO SECRETARY OF STATE
09/24/2002 05:00
CK: CASH CT: 158010 BH: 489911
1 @ 20.00 = 20.00 ASSUM NAME # 2

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