## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2025 OCT 19 M1 9:16

CEOREMAN CHARACT STATE OF EMPLOYEE

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

| <ol> <li>The assumed business name which the under<br/>business is:</li> </ol>  | rsigned use(s) in the transaction of   |
|---|--|
| Arco Taxi   |  |
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Robert McFerron   | Complete Address   |
| The general type of business transacted under   | er the assumed business name is:   |
| Wholesale Trade ☐ Construction  Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Robert McFerron | 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  Phone number (cptional):  208-559-0288 |
| Same  | Secretary of State use only  |
| Signature: Robert Meleur (signature unuired)  Printed Name: Robert Meleuron  Capacity/Title: Taxi Driver (see instruction # 8 on back of form)  | IDAHO SECRETARY OF STATE  10/19/2005 05:00  CK: 92792072362 CT: 158010 BH: 917695  10 25.00 = 25.00 ASSUM NAME # 2   |