



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
03 SEP 11 PM 4:46
SECRETARY OF STATE
STATE OF IDAHO

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

Mike's Taxi Service

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

Mike Schoppe

Complete Address
12124 W. Spring River Ct
Boise, ID 83709

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Mike Schoppe
12124 W. Spring River Ct
Boise, ID 83709

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:
25.00

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

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

Phone number (optional):

Signature: Mike Schoppe

Printed Name: Mike Schoppe

Capacity/Title: Owner - Sole Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
09/12/2003 05:00
CK: CASH CT: 158810 BH: 701250
1 @ 25.00 = 25.00 ASSUM NAME # 2

D68794