(Please type or print legibly. See instr To the SECRETARY OF STATE, STATE O	BUSINESS NAME FFECTIVE CONTROL OF THE CONTROL OF TH
To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assum	F IDAHO ode, the undersigned 57 M led Business Name.
1. The assumed business name which the business is:  Valley Cab Co.	undersigned registrin the transaction of
<ol><li>The true name(s) and business address( business under the assumed business n</li></ol>	
Ar) = E. Enr. and	Complete Address 10555 Horseshoe Bend Rd.
	Boise, ID. 83703
The general type of business transacted (mark only those that apply)	under the assumed business name is:
☐ Retail Trade ☐ Manufactur☐ Wholesale Trade ☐ Agriculture☐ Constructio	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208-371-3020
Arlo E. Enright 10555 Horseshoe Band Rd.	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
Boise, ID. 83703	Secretary of State
5. Name and address for this acknowledgm copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature:	#6/27/2000 09:00 CX: 1881 CT: 132921 BH: 329563
Printed Name: Aclo Er Encolor	1 # 20.00 = 20.00 ASSUM WANE # 2
Capacity: Owner'	36 year 1 3 6 9 8 0
(see instruction # 8 on back of form)	