

CERTIFICATE OF ASSUMED BUSINESS NAME

PLED/EFFECTIVE

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	ore filing.
1. The assumed business name which the unbusiness is: Let's Ride	STATE OF ID STATE
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Easy Going Application, Toc.	of the entity or individual(s) doing e: <u>Complete Address</u>
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Lets Ride. 1430 Overland Ave Burley, TD 83318	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above): GayLynn Telleria	Phone number (optional): 208-678-7586
Signature: Any Lynn Telleria Capacity: Secretary (see instruction # bon back of form)	Secretary of State use only IDAHO SECRETARY OF STATE #2/22/201 #9:00 CK: 1521 CT: 142486 BH: 388415 1 0 28.00 = 28.00 ASSUN HAME # 2 \$\int 42.706\$