

Capacity/Title:

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.

2014 AUG 28 AM 9: 36

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed husiness name which the undersign	and use(s) in the transaction of
 The assumed business name which the undersign business is: 	ກອບ ແລອ(ຣ) ກາ ເກອ ເກສກເຮັສບົນປາ ປາ
- Tropicare Transport	tation
 The true name(s) and <u>business</u> address(es) of the business under the assumed business name: 	
<u>Name</u>	Complete Address
Bicandi Non Emergent Transportation LLC.	2196 S. Gull Cox Pl
(W140331)	A196 S. Gull Cox Pl Meridian ID 83642
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: John + Alyssa Bicandi 2196 S Gull Core Pl Meridian ID 83642	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Printed Name: John Bicanchi Capacity/Title: owner	IDAHO SECRETARY OF STATE 08/28/2014 05:00 CK:2173994 CT:172099 BH:143919 16 25.00 = 25.00 ASSUM NAME #
Signature:	
Printed Name:	1273441

abri.pmd Rev. 07/2010