

Signature: 15

Capacity/Title:

Printed Name: #/

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

10 JAN -8 PM 4: 14

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: BEO & GOBY TAXI 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name ALEX PETRUCHOR 3403/ECHSI 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Assumed Business Manufacturing Mining Name and **\$25.00** fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Idaho Secretary of State 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 (208) 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

IDAHO SECRETARY OF STATE

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