227

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.
Instructions are included on back of application.

FILED EFFECTIVE

2015 JUN -9 PM 2:23

SECRETARY OF STATE
STATE OF IDAHO

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

   A-Z Taxi

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

Name	Complete Address
S & S Associates, LLC	423 18th St, Lewiston, ID 83501
(W136152)	

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

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

   A-Z Taxi
   423 18th ST
   Lewiston, ID 83501

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

Signature: Teresa Sanchez
Printed Name: Teresa Sanchez
Capacity/Title: Co-owner
Signature:
Printed Name:
Capacity/Title:

Secretary of State use only

9/21/2012 sbn.pmd Rev 07/2010

IDAHO SECRETARY OF STATE
06/09/2015 05:00
CK:2917158 CT:172099 BH:1479194
1@ 25.00 = 25.00 ASSUM NAME #2

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