	CERTIFICAT (Please ty	E OF ASSU pe or print legibly.	JMED BUS See instruction	SINESS NAME Is on reverse.)
		Y OF STATE, ST Section 53-504, lo of adoption of an	daho Code, the	undersigned 2 4 19
busii	assumed business ness is: 927 "T" To			e(s) in the transaction of
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Name Taknen		Complete Address 516 Lake Lawell Ave Namoo ID BLE	
***************************************	iaron (Sheri)		516 Lake Lo	well Ave Nampa ID 83686
	general type of but mark only those that apply) Retail Trade Wholesale Trade Services	Manufactur Agriculture Constructio	ing 🖟 (Tra	med business name is: Insportation and Public Utilities ance, Insurance, and Real Estate ing
4. The name and address to which future Phone number (optional): (208) 467-2792 correspondence should be addressed:				
	1927 'T Touring Limo Ser. 516 Lake Lowell Ave			Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Nam	Name and address for this acknowledgment copy is (if other than # 4 above):			Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	16 76	7	Revision 1/88	Secretary of State use only IBMHO SECRETARY OF STATE 87/16/1998 69:00 CX: 1652 CT: 181537 BH: 128428
Printed Name: JOHN TAKNEN				1 8 28.86 = 28.88 ASSUM HAME
Printed Name Capacity:		KNEU	mekabn. p68	XD 26727

(see instruction # 8 on back of form)-