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.

2016 OCT -3 PM 12: 27

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

SECRETARY OF STATE STATE OF IDAHO

	.=•
The assumed business name which the under business is:      LOVE TO Ride	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name  Name  Name	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Lindsey Barlow  [WOW N. Liverpool LN.  Nampa, ID 83687	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):	
Signature: Jeonow  Printed Name: Lindsey Barlow  Capacity/Title: OWNey	Secretary of State use only  IDAHO SECRETARY OF STATE  10/03/2016 05:00  CK:707 CT:158010 BH:1549123  16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	D189528

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