CERTIFICATE OF ASSUMED BUSINESS NAME FILE(98 SEP -8 AM 10: 24 To the SECRETARY OF STATE, STATE OF IDAHO

نوشع	Pursuant to Section 53-504, Idaho Code, the undersigned GRETARY OF STATE gives notice of adoption of an Assumed Business Name. STATE OF IDAHO	
1.	The assumed business name which the unders business is:	
	MY RIDE SHINES	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u>	Complete Address
	VINCENT CHAVEZ P.O	. ROX 1090, RELLEVUE, ID 83313
3.	The general type of business transacted under (mark only those that apply)	the assumed business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services – AUTO ☐ Construction ☐ DETAILING	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
4.	The name and address to which future Phon correspondence should be addressed:	e number (optional): 208-725-2160
	SAME AS ABOVE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	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
		Secretary of State use only IDAHO SECRETARY OF STATE
		09/08/1998 09:00 CK: 68292358256 CT: 183661 BH: 147850

Signature: Printed Name: VINCENT CHAVEZ

Capacity:

PRESIDENT

(see instruction # 8 on back of form)

1 8 20.00 = 20.00 ASSUM NAME

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