

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.

2014 JUN 24 PM 4: 30

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

SECRETARY OF STATE STATE OF IDAHO

maddedona are meladed on back of app	STATE OF IDAHO
The assumed business name which the unbusiness is:	dersigned use(s) in the transaction of  A 1 Blue Cab
2. The true name(s) and <u>business</u> address(es business under the assumed business nam Name	
3. The general type of business transacted un Retail Trade	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  A 1 Blue CaD  950 N. Allumbaugh st  3015e. Fd 837e4	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt
	Secretary of State use only
Signature: Taha Almufhofa	IDAHO SECRETARY OF STATE
Printed Name: TAHAAL Muthafar	06/24/2014 05:00
Capacity/Title:	CK:CASH CT:158010 BH:1430602 16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	

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