

CERTIFICATE OF ASSUMED BUSINESS NAME

04 SEP -2 PN 1:54

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETAL OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersigned business is: ARROWHEAD CAB CO	
2. The true name(s) and <u>business</u> address(es) of the elebusiness under the assumed business name: Name 712 MONU.	ntity or individual(s) doing <u>Complete Address</u>
3. The general type of business transacted under the assumed business name is:	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
5. Name and address for this acknowledgment copy is (if other than # 4 above): Same As Above	·
JAMA HIS MINOU C	Secretary of State use only
Signature: CIARK Signature required CIARK Signature required CIARK Capacity/Title: SWER / PERATOR Capacity/Title: SWER	IDAHO SECRETARY OF STATE 99/02/2004 05:00 CK: CASH CT: 158010 BH: 764289 1 8 25.80 = 25.88 ASSUM NAME # 8