

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 18 AM 11: 10

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

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
IMCIKA'S TRAN	SPORTATION
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Name	ntity or individual(s) doing <u>Complete Address</u> 4 5 Middleton 2
- Mid	dleton, ID 83644
3. The general type of business transacted under the a  Retail Trade Transportation and Pub  Wholesale Trade Construction	<b>!</b> }
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:    Astronomy   Astronomy	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: Mustudon	Secretary of State use only  IDAHO SECRETARY OF STATE
Printed Name: Maricela Castrejan Capacity/Title: OWNEY	10/18/2016 05:00 CK:CASH CT:292649 BH:1551406 18 25:00 = 25:00 ASSUM NAME #2
Signature:	
Printed Name:	D189840