

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



APR 29 3 28
SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Rhonda's Pet Taxi

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Rhonda L. Jones</u>	<u>2421 Dunyon St.</u>
<u>Rhonda's Pet Taxi</u>	<u>Eagle, Id 83616</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208 939-2770

Rhonda L. Jones
2421 Dunyon St.
Eagle, Id 83616

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Rhonda L. Jones

Printed Name: Rhonda L. Jones

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97 g:\comp\forms\abn.pms

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 04/30/1997
0900 87729 3
CK #: 3221 CUST# 80654
ASSUM NAME 1@ 20.00= 20.00

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