

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

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.

APR 29 3 28



SECRETARY OF STATE  
STATE OF IDAHO

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:

Rhonda L. Jones Name

Complete Address

Rhonda's Pet Taxi

2421 Dwyer St.

Eagle, Id 83616

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 Dwyer 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

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 04/30/1997

0900 87729 3

CK #: 3221 CUST# 80654

ASSUM NAME 10 20.00= 20.00

# : D

Signature: Rhonda L. Jones

Printed Name: Rhonda L. Jones

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Revision 2/97  
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