

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned DEC 23 AM 9: 01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is: American		use(s) in the transaction of age Transporta	tion
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name Name Vacqueline I Riggs	•	ntity or individual(s) doing Complete Address 30× 323/228 Mayley (r) Lede, I) 8384	<u>eel</u> c RQ
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	ind Pub	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720	
DBA American Carriage To Laclede, I) 83841 5. Name and address for this acknowledgmen copy is (if other than #4 above):	•	Phone number (optional): 208 290 3 79 3	
Signature: Jacque (signature required) Printed Name: Vaca re live & Rings	ns\abn forms\abn.p65 ised 04/2003	Secretary of State use only IDAHO SECRETARY OF ST 12/23/2005 05 CK: 1535 CT: 158010 BH: 1 9 25.00 = 25.00 ASSIM	'ATE 5 = 00 : 928291