

Capacity/Title: Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D58563

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2302 SEP 25 AM 6: 50

business is: AB TAXI	
The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u>	s) of the entity or individual(s) doing ne: <u>Complete Address</u>
Kim & Young Im Motord	Nampa Id 83687
3. The general type of business transacted ur	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ABTOKI 468 3934 FOBOX 1401 Nampa IS 83653 5. Name and address for this acknowledgments	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
COPy is (if other than # 4 above):	467-3977
gnature:	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE OP/25/2002 05:00 CK: 1901 CT: 163746 BH: 499084 1 0 20.00 = 20.00 ASSUM MANE 1