

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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	filina.

MOTE. See instructions on reverse bero	re ming.						
The assumed business name which the und business is:							
ICAR Transport							
The true name(s) and business address(es business under the assumed business name).	of the entity or individual(s) doing e:						
Name	Complete Address						
Anton Newman	1458 East Loyalty Street						
Barbara Mewman	H58 East Coyalty Street						
	Meridian, Id 83642						
3. The general type of business transacted un	der the assumed business name is:						
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities						
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business						
☐ Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:						
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Secretary of State 700 West Jefferson						
A 1 SO	Basement West						
Hnton Ylewman	PO Box 83720 Boise ID 83720-0080						
Meridian ID 831042	208 334-2301						
5. Name and address for this acknowledgmen	nt Phone number (optional):						
COPY IS (if other than # 4 above).	<u> 208-887-9776</u>						
	Secretary of State use only						
	1 1065						
Signature: Outou Menural (signature required)	IDAHO SECRETARY OF STATE   O7/25/2005   O5:00   CK: 1   CT: 158810   BH: 823858						
Printed Name: <u>Auton Newman</u>	IDAHO SECRETARY OF STATE						
Capacity/Title: <u>Owner</u>	IDAHO SECRETARY OF STATE 07/25/2005 05:00						
(see instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUM HAME # 2						