



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 JUN 14 P 12: 38

RECEIVED
SECRETARY OF STATE
STATE OF IDAHO

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

Anytime Shuttle Service

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

Name

Joel G. Warren

Complete Address

737 N Shady Brook Way

Kuna Id 83634

P.O. Box 389

3. The general type of business transacted under the assumed business name is:

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

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

Anytime Shuttle Service
P.O. Box 389
Kuna Id 83634

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

Phone number (optional):

4072100

Signature: Joel G. Warren

(signature required)

Printed Name: Joel G. Warren

Capacity/Title: Owner

(see instruction # 8 on back of form)

Form 1000, Form 1000a, Form 1000b
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
06/14/2004 05:00
CK: CASH CT: 158010 BH: 758253
1 e 25.00 = 25.00 ASSUM NAME # 2

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