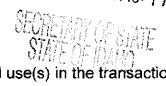


## CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned APR 14 APR 14 APR 14 APR 16: 17

## Please type or print legibly. Instructions are included on back of application.



	SHALE DEPOSITO
	ne undersigned use(s) in the transaction of
business is:	
WEEKEND WARRIORS TAXI	
The true name(s) and <u>business</u> address business under the assumed business     Name	ess(es) of the entity or individual(s) doing s name: <u>Complete Address</u>
JOHN PING	14125 HWY 55 MCCALL, ID 83638
JOHN THO	14 123 11V 1 33 MOGALE, 12 00000
Retail Trade Transpor Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real E  4. The name and address to which future correspondence should be addressed JOHN PING PO BOX 3257 MCCALL, ID 83638	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	
	Secretary of State use only
Signature: 1 Jahr B Ja	
rinted Name: JOHN PING	<del></del>
Capacity/Title: OWNER	IDAHO SECRETARY OF STATE
Signature:	04/14/2010 Du. 1428031
rinted Name:	CK: 584383 CT: 158010 SN: 1150 1 & 25.00 = 25.00 ASSUM HAME # 2
Composity/Titles	

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