

Printed Name: _ @ t

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

12 MAY -7 PM 5: 05 SECRETARY OF STATE STATE OF IDAHO

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

 The assumed business name which the under business is: 	rsigned use(s) in the transaction of
Meridian TAXI	
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name Black and white tax; of Kinches C190846	Complete Address
3. The general type of business transacted unde Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Robert Ternel/ Meridian tax I FOBON 939 //4NA 83674	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Also Aslan	Secretary of State use only
Printed Name: Robert Terrel 1	
Capacity/Title: varue Signature: Robert Efficiel:	IDAHO SECRETARY OF STATE 05/08/2012 05:00 CK: CASH CT: 270140 BH: 1323163 1 0 25.00 = 25.00 ASSUM NAME # 2

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