

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 OCT 27 AM 9:33

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

A-1 Stop & Go Taxi

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

Name

Complete Address

A-1 Stop & Go Taxi, LLC

104 12th Ave N., Nampa, Idaho 83687

W143254

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

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

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

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

A-1 Stop & Go Taxi, LLC

104 12th Ave N.

Nampa, Idaho 83687

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

A-1 Stop & Go Taxi, LLC

104 12th Ave N.

Nampa, Idaho 83687

Signature: Jan L. Reams

Printed Name: Jan L. Reams

Capacity/Title: Member of A-1 Stop & Go Taxi, LLC

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2014 05:00

CK:2393 CT:302570 BH:1446822
1@ 25.00 = 25.00 ASSUM NAME #2

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