		يناه توجيها المساح	
	CERTIFICATE OF ASSUM (Please type or print legibly. S	MED BUS	INESTNAME Is on reverse. DEFFECTION Of MAY -4 All 8: 20
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	•	3 . 0.34
1.	Tan Your Hide	dersigned use	e(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Robbie Lemarr 1	86 S.J	plete Address Tain St. Soda Springs,
			83276
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Monufacturing Agriculture Construction		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed: Robbie Lemann 180 S. Main Submit Certificate of		
	Soda Springs, ID. 83276		Submit Certificate of Assumed Business Name and \$20.00 fee to
5.	5. Name and address for this acknowledgment copy is (if other than # 4 above).		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretarial Secretary Of State
		Revalor 1788	05/64/2000 09:00 CK: 4002 CT: 130593 BH: 314908
Signature: + shbie M. Leman			1 0 20.00 = 20.00 ASSUM NAME # 2
Printed Name Robbie Lemarr		che pro-	035485
(see instruction # 8 on back of form)		i pide umana karangan	
	·	· -	