

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name. **00 FEB 10 AM 8:56**

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

Outerspace Sports

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

<u>Name</u>	<u>Complete Address</u>
<u>Robison Distributing, Inc.</u>	<u>350 College Avenue</u>
<u>C.41570</u>	<u>Idaho Falls, Idaho 83401</u>
	<u>Idaho Falls, Idaho</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

350 College Avenue
Idaho Falls, Idaho 83401

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

Douglas R. Nelson
P.O. Box 51630
Idaho Falls, Idaho 83405-1630

Signature: Randy M. Robison

Printed Name: Randy M. Robison

Capacity: _____

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/10/2000 09:00
CK: 38342 CT: 2834 BH: 288986

1 @ 20.00 = 20.00 ASSUM NAME # 2

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