

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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| CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Beneficial Please type or print legibly. Instructions are included on back of approximately | S NAME he undersigned Business Name. Discation. |
| The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> M CLAYTON HUMBLE | s) of the entity or individual(s) doing ne: <u>Complete Address</u> 4257 S 600 W, DRIGGS, ID, 83422 |
| 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ROBINSON TETON UPHOLSTERY PO BOX 743 VICTOR, ID 83455 5. Name and address for this acknowledgment | 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 |
| Signature: Chaylo Muc | Secretary of State use only |
| Printed Name: M CLAYTON HUMBLE Capacity/Title: OWNER Signature: Printed Name: | IDAHO SECRETARY OF STATE 06/03/2013 05:00 CK: 5446500723 CT: 283809 BH: 1376260 1 0 25.00 = 25.00 ASSUM NAME 1 2 |

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Capacity/Title: