

Signature:

Printed Name: 6 av

Capacity/Title: co - ow

## 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.

2012 NOV -5 AM 10: 22

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

SECRETARY OF STATE STATE OF IDAHO

1.	1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2.	The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Robyn Albright  583	Complete Address  E. Boise Ave Boise 3  L. Boise Ave Boise 83  L. Boise Ave Boise 83
3.	The general type of business transacted under the all Retail Trade Transportation and Public Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed:  582 E. Boise AUE, Boise, ID  83706	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):  11921 Goldenrod AUE  BDISE ID 83706	<del></del>
	ed Name: No so so	Secretary of State use only

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE 11/05/2012 05:00 CK: 98 CT: 275907 BH: 1346353 1 0 25.00 = 25.00 ASSUM NAME # 2

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