

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

98 MAY 18 PM 2:42

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE  
STATE OF IDAHO

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

C.C. ROBINSON

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

CHAD ROBINSON

Complete Address

P.O. Box 115 Driggs ID 83422

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

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

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

Phone number (optional): \_\_\_\_\_

CC ROBINSON

P.O. Box 115

Driggs ID 83422

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

Submit Certificate of  
Assumed Business  
Name and \$20.00

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

98 MAY 18 PM 2:42

Secretary of State use only  
IDAHO SECRETARY OF STATE

05/18/1998 09:00  
CK: 2143 CT: 90003 BH: 111600

1 @ 20.00 = 20.00 ASSUM NAME

D15064

Signature: Chad K. Robinson

Printed Name: Chad K. Robinson

Capacity: Sole Owner

(see instruction # 8 on back of form)

Revision 2/97

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