FILED EFFECTIVE



Printed Name: __ Capacity/Title: __

CERTIFICATE OF ASSUMED BUSINESS NAME

Click here to clear form.

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

	The assumed business name which the undersigned use(s) in the transaction of business is:				
,				<u>5</u>	
ŀ	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Jeanne C Robinson 319 Santa Fe Lane, Bonners Ferry ID 83805				
3. 7	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining				
C	Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: PO Box 3075, Bonners Ferry, ID 83805		Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301		
	Name and address for this acknowledgmer copy is (if other than #4 above):	nt			
- - Signatu	ure: Thinsw	1	Secretary of State use only		
Printed	1 Name: Jeanne Robinson				
Capaci	ity/Title:				
Signatu	ignature:		IDAHO SECRETARY OF STATE 05/21/2012 05:09		

05/21/2012 05:00 CK: 2187 CT: 278598 BH: 1324918 1 8 25.88 = 25.88 ASSUM NAME # 2

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