

Capacity/Title:\_

## **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.

2015 JUN 10 AM 9: 56

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is:  ROB Services	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Russell Brown  252	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Russell Brown  25211 Conway Rd- Caldwell Iel 83607	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):	
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: <u>Karsell Brown</u>	06/10/2015 05:00 CK:CASH CT:158010 BH:1479248
Capacity/Title: Owner	1@ 25.00 = 25.00 ASSUM NAME #2
Signature:	<b>C</b>
Printed Name: Capacity/Title:	1)179639