

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

**FILED**

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

99 MAR 25 AM 9:22

NEUWSTART FOR HEALTH MISSION / SECRETARY OF STATE'S OFFICE  
STATE OF IDAHO

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

Name

Complete Address

MARK ROBANSKE

P.O. Box 33 Lewiston Id 83501

MELONIE ROBANSKE

SAME

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

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

MARK ROBANSKE

P.O. Box 33 LEWISTON

ID 83501

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/25/1999 09:00  
CK: 1934 CT: 106225 BH: 200587

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: \_\_\_\_\_

Printed Name: MARK ROBANSKE

Capacity: OWNER/OPERATOR

(see instruction # 8 on back of form)

Revision 2/97  
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