



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

2004 APR 12 AM 8:52

STATE OF IDAHO

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

MR Optics

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

Name

Margaret E. Robinson

Complete Address

810 Sweeny Hill Road P.O. Box 611  
EIK City, ID 83525

3. The general type of business transacted under the assumed business name is:

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

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

Margaret Robinson

P.O. Box 611

EIK City, ID 83525

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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

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

Phone number (optional):

208-842-2623

Signature: Margaret E. Robinson  
(signature required)

Printed Name: Margaret E. Robinson

Capacity/Title: Owner

(see instruction # 8 on back of form)