

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. DEC -6 AM 9-30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

STATE OF IDAHO

	SIGNE OF IDAHO
 The assumed business name which the undersigne business is: 	d use(s) in the transaction of
· The Floating Restauran	t - Hope Idaho
The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name	ntity or individual(s) doing Complete Address
Robbins' west Hospitality IUC R. N. H. June C 118234 C/O 11	144 Red Fir Road Hope, Same 83536
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: ELISSA ROBBINS 1144 Red Fire Road Hope, Ddaha 83836	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):
- Same	Secretary of State use only
Signature: Signature: ROBBIN Signature required Name: ELISSA K. ROBBIN Signature required Robinson Signature required Name: ELISSA K. ROBBIN Signature requi	IDAHO SECRETARY OF STATE 12/06/2002 05:00 CK: 5513 CT: 15000 RH: 64966 1 8 20.00 = 20.00 ASSUM MANE # 2

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