



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.

2014 JUN 23 AM 10:09

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

ROBERGE TREE SERVICE

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

| <u>Name</u> | <u>Complete Address</u> |
|--------------------------|-----------------------------|
| <u>MICHAEL E ROBERGE</u> | <u>1018 S TANGLEWOOD RD</u> |
| | <u>POST FALLS ID 83854</u> |
| | |

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

MICHAEL E ROBERGE
1018 S TANGLEWOOD RD
POST FALLS ID 83854

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

Signature: *mitc oberv*
 Printed Name: MICHAEL ROBERGE
 Capacity/Title: OWNER / OPERATOR
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/24/2014 05:00
 CK:1379 CT:298298 BH:1430475
 1@ 25.00 = 25.00 ASSUM NAME #2

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