

## 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.

04 SEP 23 PM 1: 30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before ming.	STATE OF IDAHO
The assumed business name which the undersigned business is:      Robin's Carpenter Comercial &	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Name  Swope SR 434  BA	Complete Address  9 ST Andrews  0 SIE ID  3705
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pub Wholesale Trade Construction	olic Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	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): 208-703-2987
	Secretary of State use only
Signature: (signature required by Manus Printed Name: 130 W Sugar	IDANO SECRETARY OF STATE 9/23/2004 05 = 00 CK: CASH CT: 158010 BH: 767671 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	