

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.

03 OCT 15 PH12: 56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Signature: Robert J. Temein (signature required) Printed Name: Robert Tempin Capacity/Title: Owner	IDAHO SECRETARY OF STATE
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208 463 - 0606
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Robert Tempin 2719 Fox Place Nampa ∓D 83687	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Robert Joseph Tempin 2719	ne entity or individual(s) doing Complete Address Fox Place Nampa ID. 83687
The assumed business name which the undersign business is: O	gned use(s) in the transaction of

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