

Printed Name: Robur

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

2 2 2 2 - 5 1 S 41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Robyn + Roberts Kinney 1	144 Gooby Road Sandpoint Id 83864
The general type of business transacted under the	
Retail Trade Transportation and	Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
✓ Manufacturing	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Dimen Rohaute	Basement West
Robyn Roberts 1444 Goody Rd. Sept. Id 83864	PO Box 83720 Boise ID 83720-0080
1774 Goody No. Suft. 12 83864	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
and address for this domination	
CODY IS (if other than # 4 above):	<u> 208 - 255 - 225</u> 0
COPY is (if other than # 4 above):	

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IDANO SECRETARY OF STATE

@2/04/2005 @5:00

CK: 1446 CT: 158010 BH: 791101
1 0 25.00 = 25.00 ASSUM MANE # 2

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