

CERTIFICATE OF ASSUMED BUSINESS NAME SECRETARY OF STATE STATE OF 15 STATE

2014 OCT 28 PM 1: 34

busi	iness is:	undersigned use(s) in the transaction of
Bon	nerport Marketplace	
	true name(s) and <u>business</u> address(ediness under the assumed business nar	ame:
CA	<u>Name</u>	Complete Address
	Robinson LLC 102317)	(Mailing) PO Box 1638, Bonners Ferry, ID 83805 (Physical) 7224 Main St., Bonners Ferry, ID 83805
		(Figures) FEET Main Co., Dollinois Forty, 10 00003
4. The corr	Wholesale Trade Construction Services Agriculture	on and Public Utilities n Submit Certificate of Assumed Business
5. Nan	me and address for this acknowledgme y is (if other than # 4 above).	ent
	ame: Abra Choulinard Title: Registared Agent/Owner	Secretary of State use only IDAHO SECRETARY OF ST 10/28/2014 05: CK:1033 CT:277588 BH: 16 25.00 = 25.00 ASSUM
Capacity/I Signature:		- 10 25.00 = 25.00 As

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Printed Name: ___

Capacity/Title:__