

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 OCT -3 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

ROBINSON TAXIDERM & TANNING

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

Name	Complete Address
<u>DALE J ROBINSON</u>	<u>P.O. Box 268</u>
<u>CAROLYN J ROBINSON</u>	<u>same</u>

McCammon ID. 83250

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 | |

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

Dale ROBINSON
P.O. Box 268
McCammon ID. 83250

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Dale J Robinson
(signature required)

Printed Name: DALE J ROBINSON

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
10/03/2008 05:00
CK: 93359733491 CT: 150010 BH: 1130603
1 @ 25.00 = 25.00 ASSUM NAME # 2

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