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.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

10 MAY 17 AM 9: 36

SECRETARY OF STATE
STATE OF IDAHO

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

   ROBIN ELON CREATIVE

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
ROBIN LEVY	mail: PO BOX 354, BLANCHARD, ID 83804
	phys: 453 TOWER MTN RD, BLANCHARD, ID 83804

3. The general type of business transacted under the assumed business name is:

   ☐ Retail Trade   ☐ Transportation and Public Utilities
   ☐ Wholesale Trade   ☐ Construction
   ☒ Services   ☐ Agriculture
   ☐ Manufacturing   ☐ Mining
   ☐ Finance, Insurance, and Real Estate

   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

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

   ROBIN LEVY
   PO BOX 354
   BLANCHARD, ID 83804

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

Signature: _R.......Levy_ (signature required)

Printed Name: ROBIN LEVY

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65
Revised 04/2003

D 139326

IDAHO SECRETARY OF STATE
05/17/2010 05:00
CK: 144 CT: 158010 BH: 1222464
1 @ 25.00 = 25.00 ASSUM NAME # 2