

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED EFFECTIVE

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

2 SEP 2003
ELKTOPIA

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

Name	Complete Address
PATRICIA A. ROBBINS	HCR 60 Box 133 BONNERS FERRY ID 83805
FRED E. ROBBINS	SAME AS ABOVE

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

FRED OR PATRICIA ROBBINS

HCR 60 Box 133

BONNERS FERRY, ID 83805

Phone number (optional):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

SAME AS ABOVE

Secretary of State use only

De 8488

Signature: Patricia A. Robbins

Printed Name: PATRICIA A. ROBBINS

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 297

corpformstate.pdf

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09/02/2003 05:00
CK: 1001 CT: 158810 BH: 699286
1.0 25.00 = 25.00 ASSUM NAME # 2