

# 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.

2003 AUG 21 AM 8:57

FILED EFFECTIVE  
SEP - 2 AM 9:07  
IDAHO

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

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:

PATRICIA A. ROBBINS

Complete Address

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)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional): \_\_\_\_\_

FRED OR PATRICIA ROBBINS

HCR 60 BOX 133

BONNERS FERRY, ID 83805

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

- SAME AS ABOVE -

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

Secretary of State use only

*De 8428*

IDAHO SECRETARY OF STATE  
09/02/2003 05:00  
CK: 1001 CT: 150010 BH: 699286  
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Patricia A. Robbins

Printed Name: PATRICIA A. ROBBINS

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 297

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