

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED/EFFECTIV意

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. 01 AMS 16 AM 8: 45 TOTAL EL STATE

SMART CENTS	
The true name(s) and <u>business</u> address(es) business under the assumed business name     Name	<b>9</b> :
SCOTT & DENA PLOBINSON	Complete Address
Peri Posta Proistasen	372 \$ EAGLE 20 STE 325
	EAGLE, ID 83616
☐ Wholesale Trade ☐ Construction	der the assumed business name is: and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Secretary of State 700 West Jefferson Basement West
Scott & DENA BOBINSON	PO Box 83720
372 S EAGLE NO STE 325 EAGLE, TO 83616	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above).	nt Phone number (optional):
	Secretary of State use only
gnature: Sent Robinson	General Page 10 2001 Page 10 20
inted Name: Scott AoBINSCA	formslabn forms
apacity: owner	Rever Rever
	IDAHO SECRETARY OF STATES

1 8 20.00 = 28.00 ASSUM NAME # 2

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