

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.

(see instruction # 8 on back of form)

FILED EFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

STATE OF ICASIATE	
1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Sullivan & Co. De	516N5
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name:	Complete Address
Colleen Sullivan-Robinson PO	Complete Address
LOUISEN JUHNYAN-ROBINSON FU BOX 2164	
	tau, 1D
	2638
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pub	lic Utilities
Wholesale Trade Construction	
Services	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
(Need Sullivan-Robinson	Basement West PO Box 83720
Do Ber 2/21	Boise ID 83720-0080
MC/AIL TO 62/-20	208 334-2301
MCAU, ID, 83638	
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	208-6349963
	Secretary of State use only
mi F-1	
Signature: dlem fellier required)	
Signature: <u>Alem Julius</u> Dhinon Printed Name <u>Alem Suliman</u> Robinson Canacity/Title: ONNER	IDAHO SECRETARY OF STATE
Capacity/Title: OWNER S	03/14/2007 05:00 CK: CASH CT: 158010 BH: 1039980