



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

DEC -5 AM 9:48

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Circle R6 Trucking

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

Darren Robinson

644 Monte Vista Dr. Twin Falls, ID 83301

Melisa Robinson

644 Monte Vista Dr. Twin Falls, ID 83301

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Darren Robinson

644 Monte Vista Dr.

Twin Falls, ID 83301

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

Signature: _____

Printed Name: Darren Robinson

Capacity/Title: owner

Signature: _____

Printed Name: Melisa Robinson

Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE
12/05/2011 05:00
CK: 3379 CT: 158818 BH: 1388194
1 @ 25.00 = 25.00 ASSUM NAME # 2

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