

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

STATE OF TOAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the unc	dersigned use(s) in the transaction of
business is:	
said in stone	
The true name(s) and business address(es business under the assumed business name.	) of the entity or individual(s) doing ne: Complete Address
Name	·
Joannie Robinson	38/5 N. Bayou Cane, Doise, 10. 03/03
Tackie Robinette	3815 N. Bayou Lane, Boise, ID. 83703 3410 N. Montvue Drive, Meridian, ID. 83642
The general type of business transacted un	nder the assumed business name is:
Netali ITabe	and Public Utilities
<ul> <li>Wholesale Trade</li></ul>	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
3410 N. Monture Prive	PO Box 83720 Boise ID 83720-0080
Meridian, ID. 83642	208 334-2301
Name and address for this acknowledgment	ent Phone number (optional):
COPY IS (if other than # 4 above).	(208) 853,3223
said in stone 3410 N. Montrue Drive	Secretary of State use only
Meridian, I.D. 83642  Signature: Juni 1/2/2 Aulis Holm  Printed Name: Joannie Robinson Fackie Robin	IDAHO SECRETARY OF STATE  ### ### ### ########################
Capacity/Title: ARTNEX / FUNT NET  (see instruction # 8 on black of form)	1 8 20.00 = 20.00 ASSUM NAME #

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