

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2007 MAY 17 AM 8: 39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

STATE OF IDAHO

| 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 Jack H. Robison 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jack H. Robison P.O. Box 967 Pocatello, ID 83204 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only | AZ Land | d Ventures | |
|---|--|-------------------------------------|----|
| Retail Trade | business under the assumed business nam Name | ne: Complete Address | 4 |
| Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jack H. Robison P.O. Box 967 Pocatello, ID 83204 5. Name and address for this acknowledgment copy is (if other than # 4 above): Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): | Retail Trade Transportation Wholesale Trade Construction | | |
| correspondence should be addressed: Jack H. Robison P.O. Box 967 Pocatello, ID 83204 5. Name and address for this acknowledgment copy is (if other than #4 above): 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): | ☐ Manufacturing ☐ Mining | Assumed Business | |
| Pocatello, ID 83204 5. Name and address for this acknowledgment copy is (if other than # 4 above): Phone number (optional): | correspondence should be addressed: | 700 West Jefferson Basement West | |
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| Secretary of State use only | _ | nt Phone number (optional): | |
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| nted Name: | | 42003 | |

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