



# 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.

FILED EFFECTIVE

10 APR -8 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

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

Ewe Can Yarn Shop

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                               |
|----------------------|--|
| Michelle S. Robin    | 1650 Centennial Drive, Mountain Home, ID 83647 |
| Christopher J. Robin | 1650 Centennial Drive, Mountain Home, ID 83647 |

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

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input 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 |  |

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

Michelle S. Robin  
1650 Centennial Drive  
Mountain Home, ID 83647

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature:

(signature required)

Printed Name: Michelle S. Robin

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corporation\forms\abp405  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/08/2010 05:00  
CK: 15838 CT: 158010 BM: 1216718  
1 e 25.00 = 25.00 ASSUM NAME # 2

D138338