



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.

11 MAR -4 AM 8:45

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:

CDR Appliance Repair

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Cary D. Robinson

Complete Address

134 Taylor Street, Twin Falls, ID 83301

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

| | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Cary D. Robinson

134 Taylor Street

Twin Falls, ID 83301

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

Secretary of State use only

Signature:

Printed Name: Cary D. Robinson

Capacity/Title: Appliance Repair Technician/Owner

Signature:

Printed Name: Cary Robinson

Capacity/Title: Owner

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03/04/2011 05:00
CK: 1812 CT: 158010 BH: 1262647
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