CERTIFICATE OF ASSUMED BUSINESS NAME

2010 APR 27 AM 8: 49

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filling.

lames.

OWNER

(see instruction # 8 on back of form)

Printed Name:_

Capacity/Title:

| The true name(s) and business address(es) of the business under the assumed business name: Name James Patrick Robbins 315. | e entity or individual(s) doing Complete Address | <u>FD 8</u> 36 |
|---|---|----------------|
| The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | : | |
| The name and address to which future correspondence should be addressed: 3/5 Sunnyside Dr. Caldwell, TD 8365/ | Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301 | |
| Name and address for this acknowledgment copy is (if other than #4 above): | Secretary of State use only | |

IDAHO SECRETARY OF STATE ②4/27/2010 05:00 CK: 426348 CT: 172099 BH: 1219547 1 8 25.00 = 25.00 ASSUM NAME # 2

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