

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. 12 FEB 27 AM 9: 10

Please type or print legibly. Instructions are included on back of application.

Capacity/Title: OWNER

SECRETARY OF STATE STATE OF IDAHO

	Oll Com.
1. The assumed business name which the undersi	igned use(s) in the transaction of
business is:	L_
Robinson's Sewing Cen	Cec
2. The true name(s) and business address(es) of t	the entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
	57a Caldwell Blud
Doris J. Robinson	NAMPA Id.
	83651
3. The general type of business transacted under	the assumed business name is:
X Retail Trade Transportation and	
☐ Wholesale Trade ☐ Construction	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Robinson's Sewing Center	PO Box 83720
572 CAldwell Blud	Boise ID 83720-0080 208 334-2301
NAMER ID 83651	
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above):	
Service Service	Secretary of State use only
signature: Sany Rollman	
rinted Name: GAry D. Robinson	
Capacity/Title: Owner	TORUM MEMORITARY OF STATE
Signature: Solve L. Zolveon	IDAHO SECRETARY OF STATE @2/27/2012 @5:00
Printed Name: Dorig J. Robinson	CK: 8824 CT: 267416 BH: 1312276 1 0 25.00 = 25.00 ASSLM HAME # 2

ebn.pmd Rev. 07/2010

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