

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

2011 APR 27 PM 4: 25

SECRETARY OF STATE STATE OF IDAHO

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

	Rex Theater
2. The true name(s) and <u>business</u> add business under the assumed busines Name  CA Robinson LLC  (W102317)	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u> (Mailing) P.O. Box 1638 Bonners Ferry, ID 83805  (Physical) 7222 Main St. Bonners Ferry, ID 83805
Retail Trade Transp	Submit Certificate of Assumed Business
4. The name and address to which fut correspondence should be address:  CA Robinson LLC  Abra Chouinard  P.O. Box 1638 Bonners Ferry, ID 83805	ure Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	edgment
ignature:	Secretary of State use only
rinted Name: Abra Chouinard capacity/Title: President / Owner	
ignature:	
rinted Name:	IDAHO SECRETARY OF STATE    4/28/2011 05:0   CK: 664299 CT: 172899 BH: 1271   1 2 25.00 = 25.00 ASSUM WANT

abs.pmd Rev. 97/2010

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