CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.) FILED/EFFECTIVE
DSDBBSV INTO SELKETAKT VE OTATE. OTA	
Pursuant to Section 53-504, Id.	aho Code, the undersigned? AM 10: 00
gives notice of adoption of an A	
The assumed business name which the u business is:	Hidelelighted dec(2) in what the allogody 1410 or
Kangaroo Crossing	
100110101010	
The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing me is/are:
<u>Name</u>	Complete Address
Kathy Crump	2955 E 3600 N Twin Fails 8
,	
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
 The name and address to which future correspondence should be addressed: 	Phone number (optional):
Kangaroo Crossing	Submit Certificate of
Kangaroo Crossing 2955 E 3600 N	Assumed Business Name and \$20.00 fee to:
Twin Falls ID 83301	Secretary of State
	700 West Jefferson
Name and address for this acknowledgm copy is (if other than # 4 above).	ent Basement West PO Box 83720
COPY IS (If other than # 4 above).	Boise ID 83720-0080
· · · · · · · · · · · · · · · · · · ·	208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE 95/22/2001 09:00
Signature: Ka Hiy L. Chump	Ø5/22/2001 Ø9:00 CK: 1449 CT: 146707 BH: 398613
Printed Name: Kathy L. Crump	1 0 20.00 = 20.00 ASSUM WAME # 2
Capacity: Owner	DUS511
(see instruction # 8 on back of form)	Ado