## CERTIFICATE OF ASSUMED BUSINESS NAME

| (Please type or print legibly)  |  |
|---|--|
| To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the unders gives notice of adoption of an Assumed Business Na |  |
| 1. The assumed business name which the undersigned us business is:  | <b>7</b> .   |
| ICAY E. CRAWFORD 12387 W  | y or individual(s) doing  mplete Address  J. ENGLLMANN Dr.  TO. 83713  |
| 3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade                      |  |
| 12387 W. ENGEL MANH DR.  BOISE, TO 837/3  5. Name and address for this acknowledgment copy is (if other than # 4 above):                        | Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |

Secretary of State use only

0900

**IDAMO SECRETARY OF STATE** DATE 05/19/1997

CUST# 81671 ASSUM NAME 19 20.00= 20.00

Signature: Kaw Printed Name: Capacity:\_ (see instruction # 8 on back of form)

**D** 4644