

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

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



2064 MM 28 AA 9: 20

2. The true name(s) and business address(est business under the assumed business name Name CRAIG KRISTAFF ——————————————————————————————————	
3. The general type of business transacted un	nder the assumed business name is: n and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: P.O. Box 4455 KETCHUM ID 83340	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above); 	ent Phone number (optional): 209 - 726 -0222
copy to (if other than # 4 above).	*

06/29/2004 05:00 CK: 1832 CT: 158810 BH: 752931 1 8 25.88 = 25.88 ASSUM NAME N 2

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