



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.

30 APR 1 2004
STATE OF IDAHO STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Dragon Mountain Tree Service

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Jim Crowl

Complete Address

HCR 85 Box 332 Bonners Ferry, Idaho 83805

Kathy Crowl

HCR 85 Box 332 Bonners Ferry, Idaho 83805

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input checked="" type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Kathy Crowl

HCR 85 Box 332

Bonners Ferry, Idaho 83805

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

1-208-267-5323

Signature: Kathy Crowl

(signature required)

Printed Name: Kathy Crowl

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

04/01/2004 05:00
CK: 24097407 CT: 150010 BH: 736876
1 @ 25.00 = 25.00 ASSUM NAME # 2

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