



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.

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

Craig's Snow Removal

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

Name

Complete Address

Craig B. Evans

1523 W. 300 N. Blackfoot, Id 83221

Shari Evans

1523 W. 300 N. Blackfoot, Id 83221

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:

Craig B. Evans

1523 W. 300 N.

Blackfoot, Id 83221

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: Craig B. Evans

Capacity/Title: Owner/Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

D108371

IDAHO SECRETARY OF STATE
02/20/2007 05:00
CK: 5966 CT: 150010 BH: 1034553
1 @ 25.00 = 25.00 ASSUM NAME # 2