## FILED EFFECTIVE



Signature:

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned AR 15 AM -8: 36 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	The assumed business name which the undersigned business is:  Logcraft	l use(s) in the transaction of	_	
2.	The true name(s) and business address(es) of the e business under the assumed business name:  Name  T\$T Development, Inc. 55 S  C127674	Complete Address	- 7 83	87
	The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Logcraft S. Pit Lane			
5.	Nampa, ID 83687  Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208・466-1831	-	
		Secretary of State use only	<b>!</b>	

IDAHO SECRETARY OF STATE
03/15/2005 05:00
CK: 6363 CT: 143194 BH: 798568
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