227	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B Please type or print legibly.	S NAME Be undersigned UIJ JUL -5 PH 1:55 SECRETARY OF STATE STATE OF IDAHO
Instructions are included on back of app 1. The assumed business name which the und business is: Cryfder	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Julene Webb	e) of the entity or individual(s) doing ne: <u>Complete Address</u> 4689 W. Crowley Dr Meridian, Idaho 83646
<ul> <li>3. The general type of business transacted un</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Julene Webb 4689 W. Crowley Dr Meridian, ID 83646	Name and <b>\$25.00</b> fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above). Signature: Printed Name: Julene Webb	t Secretary of State use only
Capacity/Title: Owner Signature: Printed Name: Capacity/Title:	DAHO SECRETARY OF STATE $07/09/2013 05:00CK: 1469809 CT: 172099 BH: 138124319 25.00 = 25.00$ ASSUM NAME # 2 D(64364)