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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name RETARY OF STATE of TATE OF TOUR World Painting	
 The true name(s) and business address(e business under the assumed business name <u>Name</u> 	s) of the entity or individual(s) doing me is/are: <u>Complete Address</u>
Michael J. Crabtree	1316 N. 10 TH BOISE ID 83702
 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): 208, 414-0024 Converse Agriculture Control I and Agriculture 	
 5. Name and address for this acknowledgmer copy is (if other than # 4 above): 	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: McChall Cablee Printed Name: McChall Cablee Capacity: Deven (see instruction # 8 on back of form)	$\begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} $