

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 MAY 24 AM 8: 38

SECRETARY OF STATE

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is: CR A COUSTICS	Note: We have this
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Reger Date Redding Tro	Complete Address 1866 Nielsen lane fornedale, ID. 83628
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: ROCE OF MICHELLE FERCING 18tole NICKEN Lane Hamedale ID 83428	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 208 337 5399
Same as above	Secretary of State use only
Signature: Con General Signature (Signature Printed Name: Roce Red Will SR.) Capacity/Title: Con	D111707
(see instruction # 9 on healt affects)	TOAKO SECRETARY DE STATE

IDAHO SECRETARY OF STATE

95/24/2007 95:00

CK: 5168 CT: 213681 BH: 1055637
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