CERTIFICATE OF ASSUMED BUSINESS NATE

To the	SECRE	TΑ	RY	OF	STATE,	ST	ATE	OF	ID	AHO	
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Pursuant to Section 53-504, Idaho Code, the undersigned gives matice of pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 53-504, Idaho Code, the undersigned gives matice of the pursuant to Section 54-504, Idaho Code, the undersigned gives matice of the pursuant to Section 54-504, Idaho Code, the undersigned gives matice of the pursuant to Section 54-504, Idaho Code, the undersigned gives matice of the pursuant to Section 54-504, Idaho Code, the undersigned gives matice of the pursuant to Section 54-504, Idaho Code, the undersigned gives matical gives the pursuant to Section 54-504, Idaho Code, the undersigned gives matical gives the pursuant to Section 54-504, Idaho Code, Id adoption of an Assumed Business Name.

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

E.T. CRACKFILL

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

ERIC J. TORRES

Name

Address

944 SUNRISE BLVD TWIN FALLS, ID. 83301

3. The general type of business transacted under the assumed business name is:

SERVICES

4. The name and address to which correspondence should be addressed:

ERIC TORRES 944 SUNRISE BLUD

TWIN FALLS, ID . 83301

By

Capacity PRESIDENT

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer#

SUMMO SECRETORY DE STATE

02/16/2666 69:06 CX: 2918139615 CT: 126517 BH: 288995

1 8 20.00 = 28.00 ASSUM NAME # 2

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