



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

06 FEB 28 PM 4: 26

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

C.R.L. ENTERPRISES

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

Name

Complete Address

CHRISTOPHER R. LAFLASH

10739 W/ PATTIE ST.

BOISE, IDAHO, 83713

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities - SERVICES |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction  |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture   |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining  |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

CHRIS LAFLASH

10739 W/ PATTIE ST.

BOISE, IDAHO, 83713

5. Name and address for this acknowledgment copy is (if other than # 4 above):

CHRIS LAFLASH

10739 W/ PATTIE ST

BOISE, IDAHO, 83713

Signature: [Signature]

(signature required)

Printed Name: CHRISTOPHER R. LAFLASH

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-429-8002

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/28/2006 05:00  
CK: 739312 CT: 172099 BH: 940248  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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