

Capacity/Title:

(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.

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the unbusiness is:</li> <li>CRIMSON HEAR</li> <li>The true name(s) and business address(esbusiness under the assumed business named)</li> </ol>	s) of the entity or individual(s) doing
Name Lynn Jenkins	Complete Address  18298 Franklin Blvd.
	Nampa, 101.83687
3. The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Lynn Jenkins 18298 Frank Lin Blue Nampa Jol 836851	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	nt Phone number (optional):  466-0893
	Secretary of State use only
Signature: (signature required) Printed Name: Lunn Fouk (n)	State  IDANO SECRETARY OF STATE

01/25/2005 05:00 CK: 3161 CT: 158010 BH: 789266 1 0 25.00 = 25.00 ASSUM MANE # 2

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