



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

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

2006 JUL -6 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

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

CRESCITELLI IMPROVEMENTS

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
Philip E. Crescitelli 2279 E. CHIMERE DR.
MERIDIAN ID.
83646-1553

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" 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:

2279 E. CHIMERE DR.
MERIDIAN CD.
83646-1553

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

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

Phone number (optional):

208 898-0810

Secretary of State use only

Signature: *Philip C. Hall*

Printed Name: Phillip CRESCELE

Capacity/Title: OWNER (SO/E)

(see instruction # 8 on back of form)

:1:complaintstation formstation.p65

IDaho SECRETARY OF STATE
07/06/2006 05:00
CX: 1614 CT: 158818 BH: 963577
1 # 25.00 = 25.00 ASSUM NAME # 2

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