CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)  To the SECRETARY OF STATE. STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.  1. The assumed business name which the undersigned use(s) rip. the transaction of business is:  THE HOME CREW  2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name NERTHIN J. CROFTS  TYPEN A. CROFTS  TYPEN A. CROFTS  TYPEN A. CROFTS  THE HOME CREW  3. The general type of business transacted under the assumed business name is:  (murk only those that apply)  Retail Trade Mholesale Trade Agriculture Molesale Trade Agriculture Monolesale Trade Construction  Transportation and Public Utilities Finance, Insurance, and Real Estate Mining  4. The name and address to which future Construction  The name and address to which future Correspondence should be addressed:  Norman CROFTS  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720  Boise 10 83720-0080  208 334-2301  The Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720  Boise 10 83720-0080  208 334-2301  Signature:  James James Resides  Printed Name:  New May J. CROFTS  Signature:  James James Resides  Printed Name:  New May J. CROFTS  Signature:  James James Resides  Day 208 334-2301	227		
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.  1. The assumed business name which the undersigned use(s) in the transaction of business is:    THE HOME CREW	CERTIFICATE OF ASSUMED BUSINES (Please type or print legibly. See instructions on re	SS NAME verse.)	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  THE HDME CREW  2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Name  Complete Address  FIRM BY CREFTS  DEPN A. CROFTS  FIT EVBNS BYE July File Sive  Van D. CROFTS  The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade  Agriculture  Services  Construction  Mining  4. The name and address to which future correspondence should be addressed:  Nerman Crop FTS  Syn Dans Bye  Jahr Balls JD 83402  S. Name and address for this acknowledgment copy is (if other than # 4 above):  Norman Crop Grafts  Name and address for this acknowledgment copy is (if other than # 4 above):  Walk Balls JBBMS  Signature:  Jame Agriculture  Phone number (optional): 228 - 523 - 7213  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Disense State Tool Wes	Pursuant to Section 53-504, Idaho Code, the unde	rsigned	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:    Name	The assumed business name which the undersigned of business is:	use(s) in the transaction of	
Nerman   Signature   Super	The true name(s) and business address(es) of the entity or individual(s) doing		
Dep N A CROFTS   547 EVANS AVE , John Galls 10 83402			
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)    Retail Trade	DEON A. CROFTS 547 E	,	
Retail Trade	YON D CROFTS		
Submit Certificate of Assumed Business Name and \$20.00 fee to:  IDAHO FALLS, ID 83402  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  IDAHO SECRETARY OF STATE Secretary of State use only 07/02/1999 09:200  CK: 36697 CT: 25554 BH: 238999  1 8 28.06 = 20.08 ASSUM NAME N 2	Retail Trade		
5. Name and address for this acknowledgment copy is (if other than # 4 above):    Wolfmark   Wolfstell   Boise ID 83720-0080	547 EVANS AVE	Assumed Business	
Secretary of State use only  07/02/1999 09:00  CK: 36697 CT: 25554 BH: 238999  1 8 28.88 = 28.88 ASSUM NAME # 2	5. Name and address for this acknowledgment copy is (if other than # 4 above):  Wistmark / Wistade	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	
1) 27273	Danho Falls Id BUB 150 1000	Secretary of State use only 07/02/1999 09:00 CK: 36697 CT: 25554 BH: 238998	
Capacity: Owiver	Drinte d Name 1/	1) 27323	
(see instruction # 8 on back of form)	Capacity: Owive R		