

# 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.

**FILED**



59 JUL -2 AM 8:35

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	Complete Address
<u>NORMAN J. CROFTS</u>	<u>547 EVANS AVE Idaho Falls, 83402</u>
<u>DEON A. CROFTS</u>	<u>547 EVANS AVE, Idaho Falls, ID 83402</u>
<u>VON D. CROFTS</u>	

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Phone number (optional): 208-523-3213  
Business 208-523-3238

Norman CROFTS  
547 EVANS AVE  
IDAHO FALLS, ID 83402

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

Westmark/Westside  
P.O. Box 2869  
Idaho Falls ID 83403

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

Signature: Norman J Crofts

Printed Name: NORMAN J. CROFTS

Capacity: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
Secretary of State use only  
07/02/1999 09:00  
CK: 36697 CT: 25554 BH: 238990

1 @ 20.00 = 20.00 ASSUM NAME # 2

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