

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.

TOM MAY 11 P 2: 07		
e(s) in the transaction of		
or individual(s) doing		
omplete Address		
N. Valan an ID 83642		
med business name is:		
Itilities		
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		
hone number (optional):		

1. The assumed business name which the under business is: Krazy Kurbs	rsigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of business under the assumed business name: <u>Name</u>	of the entity or individual(s) doing
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Toho Greaves / Krazy kurbs 3145 N. Valan Med Jean ID 83642	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 acknowledgmen copy is (if other than # 4 above):	Phone number (optional): 208-859-1532
	Secretary of State use only
Signature: (signature required) Printed Name: John Graces Capacity/Title: (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE 05/11/2004 05:00 CK: CASH CT: 158810 BH: 744428 1 8 25.88 = 25.88 ASSUM NAME # 2