



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 MAR 28 PM 12:58

STATE OF IDAHO

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

Specialty Sprinter

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Doni Crawford

Complete Address

14413 W. Nelson Ln Rathbun
83858

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 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:

14413 W. Nelson Ln
Rathbun Id.
83858

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):

Bank of America
Appleway Banking Center
ID2-116-01-01
501 W. Appleway
Coeur d'Alene, ID 83814
(208) 667-3537

Phone number (optional):

208-687-5312

Secretary of State use only

Signature: Doni Crawford
(signature required)

Printed Name: Doni Crawford

Capacity/Title: Owner

(see instruction # 8 on back of form)

9 Corp/forms/abn forms/abn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/29/2005 05:00
CK: 7480759903 CT: 150010 BH: 001291
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 86088