

CERTIFICATE OF ASSUMED BUSINESS NAME

THE D EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 NOV 17 AM 8: 52 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
1. The assumed business name which the ur	ndersigned use(s) in the transaction of
business is:	HIRE
The true name(s) and business address(e business under the assumed business nar	
Name	Complete Address
Jeff CROW	30 MEADOWVIEW DR
	GARDEN VAILEY ID. 83612
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 30 MEADOWIEW DR GARDEN VAICY TD 83622	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional): 20834522(3)
	Secretary of State use only
ignature: printed Name: (signature require) (sig	IDANO SECRETARY OF STATE 1 1/17/2005 05:00 CK: 1512 CT: 158010 BH: 922585 1 6 25.00 = 25.00 ASSUM NAME #

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