

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 2005 SEP 12 AM 9: 08

SEORETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

CREET	Services
The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing ne: Complete Address 246 Whitman Albion Id. 83311
3. The general type of business transacted un	nder the assumed business name is:
 Wholesale Trade ✓ Services ✓ Manufacturing ✓ 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: CREET SERVICES PO Box 473 Albion Id 83311	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
gnature:	IDAHO SECRETARY OF STATE

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