

CERTIFICATE OF ASSUMED BUSINESS NAME

Fig. Comments

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.

Printed Name: LUCIAN CRACIUNESCI

(see instruction #8 on back of form)

Capacity/Title:_

U. FEB 14 PH 2: 38

STATE OF IDAHO

The assumed business name which the undersign business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name CRACIUNESCO H	entity or individual(s) doing Complete Address IO TIO LANE MDA, TD, 83686
3. The general type of business transacted under the Retail Trade Transportation and P	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: LICIAN CRACIONESCU 4110 TIO LANE NAMPA TD 83686	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):	Phone number (optional):
	Secretary of State use only
gnature: (signature required)	INOUN SECRETARY OF STATE

D.62605

IDAHO SECRETARY OF STATE

92/14/2003 05:00

CK: 3342 CT: 158010 BH: 663128
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