

Printed Name: L. R. J

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

TUBBLEFIELD

(see instruction # 8 on back of form)

03 SEP 30 AH 10: 43

SECRETARY OF STATE STATE OF IDAHO

IDAHO SECRETARY OF STATE

99/30/2003 05:00

CK: 418 CT: 158010 BH: 704195

1 0 25.00 = 25.00 ASSUM NAME # 2

C. R. D. ASSOCIATES	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	Complete Address
L.R. STUBBLEFIELD 35165 U	SEUNSIN CALOWER TO
The general type of business transacted under the	e assumed business name is:
 ☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Agriculture 	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: CRD ARSOCIATES 1023 CLEUZLAMO BLUD CALDWELL TO 83605	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):