



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO:

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

FILED/EFFECTIVE

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

D. L. Craft

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

Name  
Doug Farrington  
linda Farrington

Complete Address  
1721 Grelle Ave, Lewiston  
Same 83501

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

D L Craft  
1721 Grelle Ave  
Lewiston, Id 83501

5. Name and address for this acknowledgment copy is (if other than # 4 above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDaho SECRETARY OF STATE

03/30/2001 09:00  
CK: 9986 CT: 144352 BH: 388884

1 @ 20.00 = 20.00 ASSUM NAME # 2

443990

Signature:

Doug Farrington

Printed Name:

Doug Farrington

Capacity:

Owner

(see instruction # 8 on back of form)

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