

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned

OF JUL 30 AT 9: 25

Please type or print legibly.

| NOTE: See instructions on reverse before | e filing. STATE OF IDAHO |
|---|--|
| The assumed business name which the under business is: Crossroads Taving a | |
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name T. J. Biagers Jarah E-Jiii | 0 |
| 3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Cross roads Townwards Note 114 Ave NEXT | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson |
| Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): 208 - 467 - 273/ |
| | Secretary of State use only |
| Signature: Printed Name: Theodore T. Signature Capacity: Vine (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE O7/30/2001 05=00 CK: 2288 CT: 149394 BH: 419499 1 8 28.88 = 29.88 ASSIM MARF # 2 |

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