

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 DEC -4 AM 8: 43

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

Stage PER CONSTATE

 The assumed business name which the unders business is: 	signed use(s) in the transaction of
Croy's HVAC S	ervices
	Complete Address 9 Grandview D. N. DIN Falls ID 83301
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Todd Croy 379 Grandview Dr. No. Twin Falls To 83301 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 Phone number (optional): 208-280-2804
	Secretary of State use only
Signature: Todd O. Croy Printed Name: Tadd D. Croy Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/04/2002 05:00 CK: 3148 CT: 158818 BH: 649386

20.89 ASSUM NAME # 2

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