CERTIFICATE OF ASSUMED BUSINESS NAME

	the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho loption of an Assumed Business Name	Code, the undersigned gives notice of	Έ
1.	The assumed business name which the business is: CRAIG'S REPAI	ne undersigned use(s) in the transaction of	
2.	business under the assumed business		
	Name VEEE SYVERSAAL	Address 2 A 3 11 15 # ST 1 DAHN FALLS II)
	RUTH SYVERSON	Z43 W 15 ST 10AHOFAUS/10 SAME	ح
3.	The general type of business transact SERVICES See categories on the reverse	ed under the assumed business name is:	
4. The name and address to which correspondence should be addressed: SEFF SYVERSON			
243 W15 th ST IDAHO FALLS, 10 83402			
	Signe	d Off Sym	
	By Capa	City PRESIDENT	
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer#	
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	Secretary of State use only IDAHO SECRETARY OF STATE DATE 05/01/1997 O900 88319 2 CX #: 634 CUST# 80757 PSSUM NAME 16 20.00=	•