

Signature:

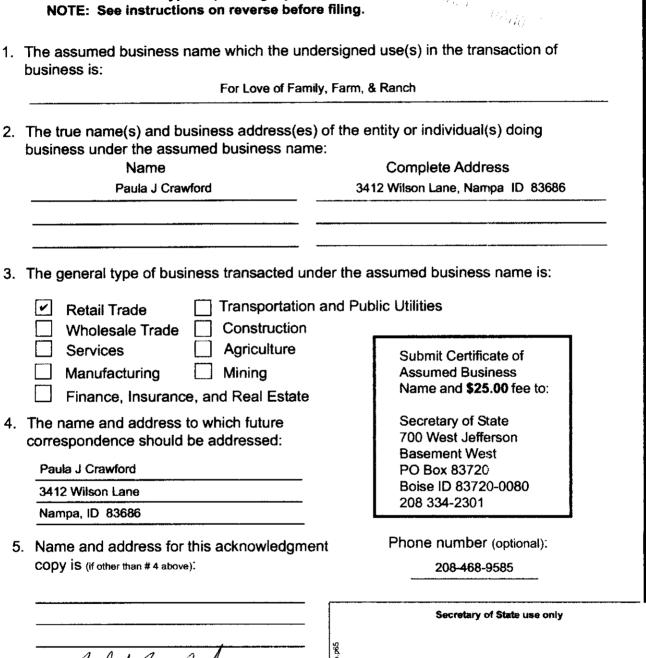
Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.



corp/forms/abn forms/abn Revised 04/2003

Paula J Crawford

Owner

(see instruction # 8 on back of form)

D84152

FILED EFFECTIVE