CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

(see instruction # 8 on back of form)

	nt to Section 53-504, Id otice of adoption of an A			_	d i	
The assumed busi business is:	ness name which the u	ındersigne	ed use(s)	in the tr	ansaction of	
The	Cranl	G	υy			
` ,	and business address(e assumed business na	•			,,,	
<u> </u>	<u>Name</u>		Complete Address			
Clayton	Clayton Wallace		old F			
		1501	sl,	Id.	83716	
3. The general type of (mark only those that	f business transacted ι apply)	under the	assumed	d busine:	ss name is:	
Retail TradeWholesale TraServices	Manufacturii ade Agriculture Construction		•	e, Insura	and Public Utilities ance, and Real Estate	
4. The name and add correspondence sh	ress to which future nould be addressed:	Phone nu	mber (op	otional):	· · · · · · · · · · · · · · · · · · ·	
He 33 Box	He 33 Bev 4196			Submit Certificate of Assumed Business		
R 11/2 F37/	V-		l N	ame and	\$20.00 fee to:	
	5. Name and address for this acknowledgment copy is (if other than # 4 above):			Secretary of State 700 West Jefferson Basement West PO Box 83720		
				018	3720-0080 301	
	· · · · · · · · · · · · · · · · · · ·	88		•	f State use only ETARY OF STATE	
Signature:	Revision 1/98	CX:	3/22/ 764 CT:	1999 89:00 112869 BH: 199828		
Printed Name: Clayton Wallace		100	1	e 26.66 =	20.00 ASSUM HAME # 2	
Capacity: Owner		ms\abn.p65) २५।७२	