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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse before 1. The assumed business name which the under	e undersigned usiness Name. e filing. 07 OCT 23 AM 8: 16 SECRETARY OF STATE STATE OF IDAHO
<ul> <li>business is:</li> <li>Ron Crow, CPA</li> <li>2. The true name(s) and business address(es) business under the assumed business name</li> </ul>	of the entity or individual(s) doing
Name         Ronald L Crow         3. The general type of business transacted under	Complete Address 6937 W. Parapet Ct. Bouil ID 83714
<ul> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li>RonaldL.Crow</li> <li>L937</li> <li>Manufacturing</li> <li>Services</li> </ul>	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Copy is (if other than # 4 above): Signature: Signature: Signature (signature required) Printed Name: Solard L. Clow Capacity/Title: C.P.A. (see instruction # 8 on back of form)	Secretary of State use only           IDAHO SECRETARY OF STATE           10/23/2007 05 ± 00           CK: 2287 CT: 158810 BH: 1081923           1 0 25.00 = 25.00 ASSUM NAME # 2           DILLOIGI

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