## **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. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

O9 MAR 31 AM 8: 07 SECRETARY OF STATE OF IDAHO

Jail Fred		
	· · · · · · · · · · · · · · · · · · ·	<del> </del>
The true name(s) and business address(es) of	the entity or individual(s) doing	P.,
business under the assumed business name:  Name	Complete Address	
Ray Crawford	Complete Address P.O. Box 113	
	17 Star Flower Drive	
•	Cascade, ID 83611	<del> </del>
The general type of business transacted under	the assumed business name is:	
Retail Trade Transportation and	l Public Utilities	
Wholesale Trade Construction		7
✓ Services ☐ Agriculture	Submit Certificate of	
	Assumed Business	]
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:	
The name and address to which future	Idaho Secretary of State	
correspondence should be addressed:	450 N 4th Street	
·	PO Box 83720 Boise ID 83720-0080	
Jail Free		*
P.O Box 113	(208) 334-2301	
Cascade, ID 83611		
Name and address for this acknowledgment		
CODY IS (if other than #4 above):		
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	Secretary of State use only	
ture: (signature refulred) Ray Ofawford  city/Title: Owner	5002	•
d Name: Ray Orawford	IDAHO SECRETAR B 93/31/200	Y DE STATE
	TOURING OCCUPATION	,