CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on Please type or print legibly. See instructions on Please Description of the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned Pusiness Name.

	in Assumed Dusiness Name, William
<ol> <li>The assumed business name which the business is:</li> </ol>	e undersigned use(s) in the transaction in factor is
CRUMP DISTRIBE	UTING
•	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business	name is/are:
Name	Complete Address
JEFFREY N. CRUMP	91 SABLE RD #29 SAGLE, ID 83860
3. The general type of business transacte	ed under the assumed husiness name is:
(mark only those that apply)	a undor the assumed business harne is.
☐ Retail Trade ☐ Manufact	
Wholesale Trade  Agricultur	
☐ Services ☐ Construct	tion
4. The name and address to which future	Phone number (optional):
correspondence should be addressed:	
JEFF CRUMP	- Submit Certificate of
91 SAGLE RD #29	Assumed Business Name and \$20.00 fee to:
	Name and \$20.00 fee to.
SAGLE, ID 83860	Secretary of State
5. Name and address for this acknowledge	700 West Jefferson
COPY is (if other than #4 above);	ment Basement West PO Box 83720
copy to thouse than #4 above).	Boise ID 83720-0080
	208 334-2301
	_
	Secretary of State use only
	12%8

Signature:\_

Printed Name: JEFFREY N. CRUMP

Capacity: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

01/05/2001 09:00 CK: 2811 CT: 128128 BH: 371067

1 0 20.00 = 20.00 ASSUM NAME # 2

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