CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED E (Please type or print legi	ibly) SOUTH
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Con gives notice of adoption of an Assume	de, the undersigned ded Business Name
The assumed business name which the usiness is: **CRANG ROOFING** *	
2. The true name(s) and business address(s business under the assumed business national Name NELL C. CRANE	es) of the entity or individual(s) doing ame is/are: Complete Address 2206 LONE STAR RD NAMPA, J.D. 83651
3. The general type of business transacted (mark only those that apply) Retail Trade	ing Transportation and Public Utilities Finance, Insurance, and Real Estat
 4. The name and address to which future correspondence should be addressed: 2206 LONB STAR PO NAMPA ID 83651 5. Name and address for this acknowledge copy is (if other than # 4 above): Farmus Herchants State 	Secretary of State 700 West Jefferson Basement West PO Box 83720
Pinted Name: Neil C. Crang	IBANG SECRETARY THE STATE OF A SECRETARY THE STATE OF A SECRETARY THE STATE OF A SECRETARY THE SECRE
Capacity: President	

(see instruction # 8 on back of form)