

FILED EFFECTIVE

227

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

A FRAME

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 LOUISE M. CROFT FORMERLY UNDER Complete Address A FRAME
660 NORTHGATE MILE
IDAHO FALLS, ID. 83401-2538

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

LOUISE M. CROFT
A FRAME, 660 NORTHGATE MILE
IDAHO FALLS, ID 83401-2538

NOTE:
Phone number (optional): 208-522-4229
PLEASE CALL OR FAX BACK AS SOON AS POSSIBLE TO PAY BY CC (VISA).

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:
708-334-2080 FAX
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Louise M. Croft

Printed Name: LOUISE M. CROFT

Capacity: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
09/05/2003 05:00
CK: 9534265662NJO CT: 172099 BH: 700246
1 @ 25.00 = 25.00 ASSUM NAME # 2

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