



# 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.

STATE OF IDAHO

APR - 5 AM 9:29

FILED EFFECTIVE

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

~~Three Cranes~~ Three Cranes

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Jack Martin</u>	<u>255 Y-FOR RD</u>
	<u>COCONA, ID 83813</u>

3. The general type of business transacted under the assumed business name is:

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

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

JACK MARTIN  
255 Y-FOR RD  
COCONA, ID 83813

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

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

Phone number (optional):

208 255-1692

Signature: Jack Martin  
(signature required)

Printed Name: JACK MARTIN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\compforms\labn form\labn.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/06/2004 05:00  
CK: 1440 CT: 150010 BH: 737604  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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