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.

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business is: Cripe Cabinets	ECTIVE
The true name(s) and business address(es) of the business under the assumed business name: Name	entity or individual(s) doing Complete Address
Ronald D. Cripe	4631 Aeronca Boise, ID 83705
Deborah L. Cripe	
The general type of business transacted under the Retail Trade Transportation and P	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Ronald D & Deborah L Cripe 3921 E Man O War Drive Nampa, ID 83686	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): 619.938.9990
	Secretary of State use only
Signature: Signature required Signature required	IDAHO SECRETARY OF STATE 10/18/2004 05:00 CK: 9421 CT: 183817 RH: 771697 1 8 25.88 = 25.88 ASSUM MANE # 2