



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.

03 AUG 19 PM 2:54
SECRETARY OF STATE
STATE OF IDAHO

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

Crazy JJJ's Int.

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

<u>Name</u>	<u>Complete Address</u>
<u>James Lamoyne Caward</u>	<u>235 Titan Pl. Kuna, Ida. 83634</u>
<u>Joseph Ray Caward</u>	<u>235 Titan Pl. Kuna, Ida. 83634</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input checked="" 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:

235 Titan Pl. Kuna, Ida.
83634

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):

922-4650

Secretary of State use only

DL8153

Signature: James Lamoyne Caward

(signature required)

Printed Name: JAMES LAMOYNE CAWARD

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
08/19/2003 05:00
CK: CASH CT: 150010 BH: 697220
1 @ 25.00 = 25.00 ASSUM NAME # 2