



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.

10 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 JJ's Int.

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

James Lamayne Caward 235 TiTan PL. Kuna, Ida. 83634
Joseph Ray Caward 235 TiTan PL. Kuna. Ida. 83634

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

Signature: James Lamayne Caward
(signature required)

Printed Name: James Lamayne Caward

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:corpforms.com
forms/abm/p63
Revised 04/2003

Secretary of State use only

AB8153

IDaho SECRETARY OF STATE
08/19/2003 05:00
CK: CASH CT: 158010 BH: 697228
1 @ 25.00 = 25.00 ASSUM NAME # 2