

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2012 SEP -4 AM 9: 30 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	SIATE OF IDAHO
 The assumed business name which the unders business is: 	signed use(s) in the transaction of
CUSHMANS CRAFTS	
2. The true name(s) and business address(es) of business under the assumed business name: Name	the entity or individual(s) doing Complete Address
THE CUSHMAN FAMILY TRUST	155 N W MAIN
	BLACKFOOT, ID 83221
The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: KELLY CUSHMAN PO BOX 220 BLACKFOOT, ID 83221	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-785-0690
	Secretary of State use only
nature:	SOCIONAL SECRETARY OF STATE
nted Name: KELLY CUSHMAN	IDAHO SECRETARY OF STATE
pacity/Title: TRUSTEE (see instruction # 8 on back of form)	6 09/04/2012 05:00 CK: 340332 CT: 273928 BH: 133846 1 8 25.08 = 25.66 ASSUM NAME (

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