

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

LAZY S CRAFTS

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

Name	Address
<u>LYNN D. STANGER</u>	<u>6242 N. 2500 E., IDAHO FALLS</u>
<u>SHARON M. STANGER</u>	<u>6242 N. 2500 E. IDAHO FALLS</u>

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

WHOLESALE / RETAIL TRADE

See categories on the reverse

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

LAZY S CRAFTS

6242 N. 2500 E IDAHO FALLS, ID 83411

Signed Sharon Stanger / Lynn Stanger

By

Capacity Co-owners

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE
Secretary of State use only
07/17/1998 09:00
CK: 1153 CT: 101600 BH: 120902

1 @ 20.00 = 20.00 ASSUM NAME

D16760

DBA ACCOUNT AGREEMENT

TO: MEDICAL & PROFESSIONAL CREDIT UNION
1515 HOOPES AVE
IDAHO FALLS, ID 83404

BY: LYNN D. STANGER
Owner Name
LARRY S CRAFTS
DBA Name
6242 N. 25TH E
Address
IDAHO FALLS ID 83411
City, State Zip

OR IF DBA HAS NO EMPLOYEES

OWNER'S SOCIAL SECURITY NUMBER:

519-87-8662

- A. I LYNN D. STANGER (Hereinafter "owner") certify that I am the owner of LARRY S CRAFTS (Hereinafter "DBA"), and registered under the laws of the County of _____ and that the following is a correct copy of a resolution adopted on the _____ day of _____, 19____.
- B. This DBA is eligible to be a member of the Credit Union because the owner is a member of the credit union.
- C. The persons listed below may do one, or all of the following transactions for the DBA as authority as assigned below:
- (1) Open Share Account(s), Share Certificate Account(s) and ShareDraft (Checking) accounts with MEDICAL & PROFESSIONAL CREDIT UNION in the name of this association. Endorse Share Drafts and orders for the payment of money and withdraw funds on deposit with the credit union.
 - (2) Borrow money on behalf and in the name of this association, sign, execute and deliver promissory notes or other evidences of indebtedness from the credit union.
 - (3) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by this association as security for sums borrowed and to discount the same, unconditionally guarantee payment of all bills receivable, negotiated or discounted and to waive demand, protest and notice of nonpayment.

NAME	SIGNATURE	AUTHORITY
<u>LYNN D. STANGER</u>	<u>[Signature]</u>	<u>Owner</u>
<u>SHARON M. STANGER</u>	<u>[Signature]</u>	<u>Co-Owner</u>

- D. THIS AUTHORIZATION SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL _____ AUTHORIZED PERSON(S) LISTED ABOVE GIVEN WRITTEN NOTICE TO THE CREDIT UNION OF ANY CHANGES IN THIS AUTHORIZATION.

IN WITNESS WHEREOF, I HAVE HEREUNDER SUBSCRIBED MY NAME ON _____ DATE _____

SIGNATURE OF WITNESS