CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
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. SECRETARY OF STATE	
THE CLOTHE.	
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>	
JUVIAL CRAWFORD	Complete Address  III E L GIN ST - CALOWEII
· · · · · · · · · · · · · · · · · · ·	In 83605
The general type of business transacted	under the assumed business name is:
(mark only those that apply)	
<ul> <li>✓ Retail Trade</li> <li>✓ Wholesale Trade</li> <li>✓ Agriculture</li> <li>✓ Construction</li> </ul>	Finance, Insurance, and Real Estate
<ul><li>Services</li></ul>	Phone number (optional):
correspondence should be addressed:	
614 ARTHUR ST	Submit Certificate of Assumed Business Name and \$20.00 fee to:
CALOWELL TO. 8360	
5. Name and address for this acknowledgm	700 West Jefferson nent Basement West PO Box 83720
COPY IS (if other than # 4 above):	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	18

IDANO SECRETARY OF STATE
DATE 04/29/1997
0900 87509 2
OK #: 3173 CUST# 80622
ASSUM NAME 10 20.00= 20.00

Capacity: OWNER /MSR

(see instruction # 8 on back of form)

Signature Lural Kalayard
Printed Name: SUVIAL CRAWFORD

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