

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.

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

Crawford Business Service June M Crawford

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 June M Crawford Complete Address 4150 E. Evergreen DR. ID 83854

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 208) 777-0324

June M Crawford
4150 E EVERGREEN DR.
POST FALLS, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Mountain West Bank
P.O. BOX 1058
Post Falls, ID. 83877

Signature: June M Crawford

Printed Name: JUNE M. CRAWFORD

Capacity: _____

(see instruction # 8 on back of form)



FILED

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDaho SECRETARY OF STATE

04/05/1999 09:00
CX: NO CX # CT: 113534 DH: 203801

1 @ 20.00 = 20.00 ASSUM NAME # 2

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