

227

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:

CRANE RECOVERY & INVESTIGATION SERVICES

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

Complete Address

2902 MAGIC VALLEY COLLECTIONS & RECOVERY, INC. 704 2nd Avenue North
Twin Falls, ID 83301

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:

704 2nd Avenue North

Twin Falls, ID 83301

Magic Valley Collections & Recovery, Inc.

Phone number (optional): 208-733-4171

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

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

Signature: Mary Lou Crane

Printed Name: Mary Lou Crane, Secretary

Capacity: Secretary

(see instructions if 2 on back of form)

IDAHO SECRETARY OF STATE

04/13/1998 09:00
CK: 1294 CT: 97267 BH: 100539

1 @ 20.00 = 20.00 ASSUM NAME

D 13935