



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

10 APR -5 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

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

Sandpoint Tractor and Implement

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

Name

Complete Address

Crandon L. Crowell

532 Upland Drive, Sandpoint, ID 83864

Ramona Steckmann-Crowell

532 Upland Drive, Sandpoint, ID 83864

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

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

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

Crandon L. Crowell 532 Upland Drive, Sandpoint  
83864

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

same as above

Signature: Crandon L. Crowell

(Signature required)

Printed Name: Crandon L. Crowell

Capacity/Title: Owner (OWNER)

(see instruction # 5 on back of form)

**Secretary of State use only**

C:\compform\main\formdata\p08  
 Revised 04/2005

IDAHO SECRETARY OF STATE  
 04/05/2010 05:00  
 CK: 525743 CT: 158810 BH: 1216157  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 138219