

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.

25% HAR 13 AM 9: 33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

Selkirk Vacation Home Care	
The true name(s) and business address(es business under the assumed business name Name Steven D Leary	s) of the entity or individual(s) doing ne: Complete Address P.O. Box 667, Sandpoint, ID 83864
3. The general type of business transacted upon the second secon	n and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Steven Leary Selkirk Vacation Home Care	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. Box 667, Sandpoint, ID 83864 5. Name and address for this acknowledgm copy is (if other than # 4 above).	nent Phone number (optional): 208-263-9078
	Secretary of State use only
Signature: (signature required) Steven Leary Owner	IDAHO SECRETARY OF STATE 93/13/2006 05:06 CK: 845 CT: 158010 BH: 942686 1 0 25.00 = 25.00 ASSUM NAME