



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2017 OCT 23 AM 9:48

SECRETARY OF STATE  
STATE OF IDAHO

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

VILLA DE ORO APARTMENTS

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

SAVAGE LLC 4560 CASSIA ST. Boise Idaho

(Name)

(Address)

W 36354 William D BARKELL 4560 CASSIA ST. Boise Idaho

(Name)

(Address)

NANCY J. BARKELL 4560 CASSIA ST Boise Idaho

(Name)

(Address)

(Name)

(Address)

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

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

APARTMENTS

4. Mailing address for future correspondence:

William D BARKELL

(Name)

4560 CASSIA ST

(Address)

Boise Idaho 83705

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: William D BARKELL

Signature: W D BARKELL

Printed Name: NANCY J. BARKELL

Signature: Nancy J BARKELL

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/23/2017 05:00

CK:2477 CT:277168 BH:1608513  
10 25.00 = 25.00 ASSUM NAME #2

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