

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name (AFF) CF

Please type or print legibly. NOTE: See instructions on reverse before filing	g. OF IDAHO
The assumed business name which the undersign business is:  ERA Home Connection	ned use(s) in the transaction of
<ol><li>The true name(s) and business address(es) of the business under the assumed business name:</li></ol>	e entity or individual(s) doing
Name W16075 The Home Connection, LLC	Complete Address  850 E. Clark
* Barbara Wood 1303 Delphic Way Poratello, ID 83201	Pocatello, ID 83201
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  FRA Home Connection  850 E. Clark Pocatello, ID 83201	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):  208-232-4100
	Secretary of State use only
Signature: Ranbana Wood  Printed Name: Barbara Wood  Signature required)  Printed Name: Barbara Wood	IDAHO SECRETARY OF STATE 05/23/2003 05:00

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