Capacity/Title:



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.

2016 SEP -9 AM 11: 23 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
Vavenport Homes	
2. The true name(s) and <u>business</u> address(exbusiness under the assumed business name Name Tray Ouvenpart	
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Troy Quenor + 516 5 6th Ave #5 Caldwell ID 83605	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: / (roy Pavenpor+	09/09/2016 05:00 CK:CASH CT:158010 BH:1545632
Capacity/Title: Owner	1@ 25.00 = 25.00 ASSUM NAME #2
Signature:	*1001D77
Printed Name:	1189012

abn.pmd Rev. 07/2010