



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2014 MAR 20 AM 9:09

**SECRETARY OF STATE  
STATE OF IDAHO**

**Please type or print legibly.**

**Instructions are included on back of application.**

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

Riverside At Country Place

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

<u>Name</u>	<u>Complete Address</u>
Country Place Too Homeonwers	c/o Marcia Sullivan, President
Association, Inc. (The)	1800 S Grant Ave Apt F16
Organizational ID: (C104005)	Pocatello, ID 83204-3572

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input 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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate	

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

Marcia Sullivan, President

1800 S Grant Ave Apt F16

Pocatello, ID 83204-3572

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

Secretary of State  
450 North 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):

\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: Marcia Sullivan

Printed Name: Marcia Sullivan

Capacity/Title: President

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

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

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
03/20/2014 05:00  
CK: 1025 CT: 294589 BH: 1416243  
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