

Capacity/Title:_

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

D 142605

10 OCT -5 PM 2: 55

STATE OF IDAHO

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

Connections	Real	Estate	Services
2. The true name(s) and business under the assume Name		s name:	entity or individual(s) doing Complete Address 017 Locust Ln #102 Vampa, ID 83686
3. The general type of busine Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance,	Transpor Construct Agricultu Mining	tation and Pu ction ure	Submit Certificate of Assumed Business
4. The name and address to correspondence should be See Denton 1017 Locust Ln	which future addressed	е	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 copy is (if other than # 4 above):		gment	
			Secretary of State use only
ignature: Ser Dent	lan		
apacity/Title: Owner	· · · · · · · · · · · · · · · · · · ·		
gnature:			IDAHO SECRETARY OF STATE 10/05/2010 05:0 CK: 524346 CT: 172099 BH: 1241 1 0 25.00 = 25.00 ASSUM NAME