

## **CERTIFICATE OF** FILED EFFECTIVE ASSUMED BUSINESS NAME

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

2004 JUN -9 AM 8: 45

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

	O THE CHILDIO
1. The assumed business name which the unders business is:	igned use(s) in the transaction of
TWITH FAITS L. XXVII	
11 <b>-7</b> (-11)	Complete Address  30 Blue La Kes Blvd N.  Sin Falls, ID 83301
3. The general type of business transacted under to the second of the se	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Blue Lakesas L.L.C.  1230 Blue Lakes Blvd.N.  Twin Falls, TD83301	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) 733-5489
	Secretary of State use only
Signature: <u>Pebeca Hazen</u> Printed Name: <u>Rebeca Hazen</u> Capacity/Title: <u>Member</u> (see instruction # 8 on back of form)	IBAND SECRETARY OF STATE <b>86/89/2004 85:00</b> CK: 2855 CT: 158018 BN: 749421 1 <b>8</b> 25.00 = 25.00 ASSUN NAME <b>8</b>