

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.

04 DEC 13 PH 1: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:     High Desert Mobile Re	• ,
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Stodart	
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Toe STOJdarT  16815 N. Windson LN  North Pa T.J. 83687	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 acknowledgmer copy is (if other than # 4 above):</li></ol>	Phone number (optional): (2-08)-867-50 <b>2</b> 8
Signature:	Secretary of State use only  D80570  IDAHO SECRETARY OF STATE 12/13/2004 05:00 CK: 1836 CT: 158010 BH: 781162