



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

2004 DEC 20 AM 9:10

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

VALLEY VIEW PROPERTIES

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

Name

Complete Address

JAMES B. HIGGINS

1744 VALLEY VIEW DR. CLARISTON, IDAHO 83403

JUDITH K. HIGGINS

(SAME)

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:

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

Phone number (optional):

Secretary of State use only

D82739

IDAHO SECRETARY OF STATE

12/20/2004 05:00

CK: 4933 CT: 150018 BH: 702617

1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\labn forms\labn.p65
Revised 04/2003

Signature: _____

(signature required)

Printed Name: _____

JAMES B. HIGGINS

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)