

## **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

07 SEP -6 AM 9: 00

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

MOTE. Oce manuctions on reverse perore ming.	SECHE ARE OF STATE
The assumed business name which the undersigned business is:	STATE OF IDAHO d use(s) in the transaction of
	anagement
The true name(s) and business address(es) of the e business under the assumed business name:  Name  Name	ntity or individual(s) doing  Complete Address <u>Box 795 Meridian</u> Ad
The general type of business transacted under the a  Retail Trade  Transportation and Pub	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Regional Property Management O. 0 Box 795 Miridian JJ 83634	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street 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>	
	Secretary of State use only
Signature: Signature required)  Printed Name: Twila Patter  Capacity/Title: OWLEY  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE <b>69/06/2007 65:00</b> CK: 2167 CT: 217221 BH: 1874189 1 8 25 88 = 25 88 ASSUM NAME # 2