

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 SEP 12 AM 8:42

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Vacation Home Management							
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Brad Kane 400 S 1st Ave, Hailey Idaho 83333							
	(Name) (Address)							
	(Name)	(Address)						
	(Name)	(Address)					_	
	(Name)	(Address)	_		_			
3.	The general type of business transacted under the assumed business name is:							
	☐ Retail Trade☐ Wholesale Trade☒ Services	ConstructionAgricultureManufacturing		Min	sportation and ing nce, Insurance			
4.	Mailing address for future correspondence:		5.	5. Name and address for this acknowledgment copy is (if other than # 4):				
	(Name) 400 S 1st Ave			(Name)		<u>. </u>		
	(Address) Hailey ID 83333			(Address)				
	(City)	(State) (Zipcode)		(City)		(State)	(Zipcode)	
Printed Name: Brad Kane				Secretary of State use only				
Siç	gnature: //							
Printed Name:				IDAHO SECRETARY OF STATE				
Signature:				09/12/2017 05:00 CK:1441 CT:345482 BH:1602422				
Printed Name:				10 25.00 = 25.00 ASSUM NAME #2				
	anature:							

Rev. 08/2015