

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned OCT -4 AM 8: 24 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

| Avauntae Pro   | perty Manager                          | ment   |                   |  |
|--|--|--|-------------------|--|
| The true name(s) and business address(e business under the assumed business na | s) of the ent                          | ity or individual(s) doing   |                   |  |
| Name   |  | Complete Address   |                   |  |
| Mitch R. Campbell  | PO                                     | PO Box 1785, Twin Falls, Id. 83303   |                   |  |
|  |  |  |                   |  |
|  | ************************************** |  | <del>" ""</del> . |  |
|  |  |  | <del></del> .     |  |
| The general type of business transacted u                                      | inder the ass                          | sumed business name is:  |                   |  |
| <u> </u>   |  |  |                   |  |
| Retail Trade Transportation  |  | c Utilities  |                   |  |
| ☐ Wholesale Trade ☐ Construction   |  |  | <b>_</b> .        |  |
| Services Agriculture   |  | Submit Certificate of  | ]                 |  |
| ☐ Manufacturing ☐ Mining   | . :                                    | Assumed Business   | <b>]</b>          |  |
| Finance, Insurance, and Real Estate  | . 1                                    | Name and \$25.00 fee to:   |                   |  |
|  | 1                                      | Idaho Secretary of State   |                   |  |
| The name and address to which future   |  | 450 N 4th Street   | ·                 |  |
| correspondence should be addressed:  |  | PO Box 83720   |                   |  |
| PO Box 1785, Twin Falls, Id. 83303   |  | Boise ID 83720-0080  |                   |  |
|  |  | (208) 334-2301   |                   |  |
|  |  |  |                   |  |
|  | •                                      |  |                   |  |
| <ol><li>Name and address for this acknowledgm</li></ol>                        | ent                                    |  | *                 |  |
| CODY IS (if other than # 4 above):   |  |  |                   |  |
|  |  |  |                   |  |
|  | ` [                                    | Secretary of State use only  |                   |  |
|  | ·                                      | TTOTALLY OF CHICA 400 ONLY   |                   |  |
|  | . 8                                    |  |                   |  |
| ature Mitto & Complett.  | oday.                                  |  |                   |  |
| (signature required)   | formstaber form<br>Reviewd Q4/2003     |  |                   |  |
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| ed Name: Mitch R. Campbell   |  |  |                   |  |