

Printed Name:

Capacity/Title: Housekest

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned 2002 25 M 8: 59

Please type or print legibly. The state of the s

| NOTE: See instructions on reverse befor | e filing. |
|---|---|
| 1. The assumed business name which the undersigned use(s) in the transaction of business is: Property Management | |
| 2. The true name(s) and business address(es) business under the assumed business name Name Anne Marie Swaner David Timethy Swaner | |
| 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction | |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Anne Swaner P.o. Box 1294 Ketchum, ID 83340 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmer copy is (if other than # 4 above): | 208-7216-61695 Office and fax |
| anature: Land Augusta | Secretary of State use only |

IDAHO SECRETARY OF STATE
12/26/2002 05:00
CK: 3292 CT: 131580 BH: 653326
1 0 20.00 = 20.00 ASSUM NAME # 2