

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of an	SS NAME I, the undersigned of Business Name. STATE OF THE STATE OF T
1. The assumed business name which the ubusiness is: Greyhawk HOA	70 -
2. The true name(s) and <u>business</u> address(s) business under the assumed business name Name Greyhawk Homeowners Association, INC ———————————————————————————————————	
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Greyhawk HOA P.O. Box 2654 Eagle ID 83616	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Signature: Printed Name: Ryan Martin Capacity/Title: Manager	Secretary of State use only
Signature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE

1)165060