

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BLACKFOOT SWIMMING POOL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name: Community Recreation District Inc. Complete Address: 955 Airport Rd Blackfoot, Id
(2137604) 83221

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Blackfoot Swimming Pool
c/o Community Recreation District Inc.
955 Airport Rd
Blackfoot, Id 83221

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: John Nulse

Capacity: Board President

(see instruction # 8 on back of form)

Revision 2/97

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IDAHO SECRETARY OF STATE
 01/24/2002 05:00
 CK: 8725 CT: 132719 BH: 441955
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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