CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse.) FILLD/EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 10 AM 9: 00 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the மூட்டு விற Whispering Pines 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address ucinda m. Miles 3060 Larson Rd Weippe 3060 Larson Ro 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional) (208) 435-4600 correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson Basement West CODY IS (If other than # 4 above); PO Box 83720 Boise ID 83720-0080 208 334-2301

Signature: Lucinda M Miles

(see instruction # 8 on back of form)

Printed Name: Lucinda M M

Capacity: <u>owner</u>

Secretary of State use only
IDANO SECRETARY OF STATE

05/10/2001 09:00 CK: 6699 CT: 133760 BH: 396346

1 @ 20.00 = 20.00 ASSUM NAME # 3

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