

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE
01 NOV 13 PM 11:12
STATE OF IDAHO

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

ClOVer Meadow WATER USERs

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

| <u>Name</u> | <u>Complete Address</u> |
|--------------------|------------------------------|
| <u>GARY R PIVA</u> | <u>4110 GREENMEADOW DR.</u> |
| | <u>Meridian, Idaho 83642</u> |

3. The general type of business transacted under the assumed business name is:

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

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

GARY R PIVA
4110 GREENMEADOW DR.
Meridian, Idaho 83642

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

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

SAME AS #4

Phone number (optional):

322-0396

Signature: GP

Printed Name: GARY R PIVA

Capacity: SECRETARY

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 07/2001

IDAHO SECRETARY OF STATE
11/19/2001 05:00
CK: 1858 CT: 153717 BH: 438334
1 @ 20.00 = 20.00 ASSUM NAME # 2

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