

Signature:

Capacity/Title:

Printed Name: KATHI Brink

(see instruction # 8 on back of form)

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.

Ashley Manor - Hawthorne	
The true name(s) and business address(es) of the business under the assumed business name:	
Name	Complete Address
Ashley Manor LLC	3749 N. Cloverdale Rd.
<u> </u>	Boise, Idaho 83713
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
Aphloy Manor I I C	Basement West PO Box 83720
Ashley Manor LLC P.O. Box 1176	Boise ID 83720-0080
Meridian, Idaho 83680	208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
Kathi Brink	
P.O. box 1176	FILED EFFECTIVE only
Meridian, Idaho 83680	FILED EF. CO

g/toorp/torms/abn forms/abn.p65 Revised 09/2002

IDAHO SECRETARY OF STATE

03/24/2003 05:00

CK: 6336 CT: 158010 BH: 670340

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