



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)

FILED/EFFECTIVE
01 MAR 26 AM 9:08
STATE OF IDAHO

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:

TROPHY HOMES

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	Complete Address
<u>ALSTON JONES</u>	<u>63 W. OAKHAMPTON DRIVE</u>
<u>SANDRA JONES</u>	<u>EAGLE, IDAHO 83616</u>

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 type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

TROPHY HOMES
63 W. OAKHAMPTON DRIVE
EAGLE, IDAHO 83616

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):

ALSTON JONES
2087 S. GULL COVE
MERIDIAN, ID 83642

Signature: Alston Jones

Printed Name: ALSTON JONES

Capacity: OWNER, MANAGER

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only

IDAHO SECRETARY OF STATE

03/26/2001 09:00
CK: 4193 CT: 102038 BH: 387001

1 @ 20.00 = 20.00 ASSUM NAME # 2

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