FILED	EFFE	CTIVE
-------	------	-------

		2014 0	
CERTIFIC ASSUMED BL Pursuant to Section 53-504 submits for filing a certificat	JSINESS NA	SECAET STATE signed Name.	ARY OF OF IDAHO
Please type or p Instructions are included o	rint legibly, n back of applicatio		
1. The assumed business name business is:		ned use(s) in the transaction of	
Compass P	roperty Management		
 The true name(s) and <u>busines</u> business under the assumed 	<u>is</u> address(es) of the business name:	e entity or individual(s) doing	
Name		Complete Address	
Compass Property Management, I	<u>_LC _1919 N</u>	A. 3rd Street, Coeur d'Alene, ID 83814	
(W142798)	· · · · · · · · · · · · · · · · · · ·		
Wholesale Trade Services	ich future idressed: anagement ID 83814	Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to; Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
		Sacrolary of State use only	
ignature: <u>Bonneflen</u>	, 		
rinted Name: Bonnie Allan			
Capacity/Title: <u>Manager</u>		IDAKO SECRETARY O	ድ ਤዋልዋይ
Signature:	<u> </u>	10/01/2014 (
Printed Name:	<u> </u>	CK:2260532 CT:172099	
Capacity/Title:	I	1@ 25.00 = 25.00 AS	SUM NAME
2012	ater price New (2/2516	D174079	