

Capacity/Title:

Partner

(see instruction # 8 on back of form)

Partner

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

2007 JUL 19 AM 8: 45

FILED EFFECTIVE

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of WILLOWBROOK, A PARTNERSHIP 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address DOUGLAS J SMITH 56 Professional Plaza, Rexburg, ID 83440 JAMES ARNOLD 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** WILLOWBROOK, A PARTNERSHIP PO Box 83720 C/O DOUGLAS J SMITH Boise ID 83720-0080 56 Professional Plaza, Rexburg, ID 83440 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): めDV is (if other than #4 above): Secretary of State use only Signature: Printed Name: Douglas J Smith James Arnold

IDAHO SECRETARY OF STATE
07/19/2007 05:00
CK: 589118369 CT: 158010 BH: 1866316
1 8 25.80 = 25.80 ASSUM NAME # 2

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