

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

FILED EFFECTIVE

07 SEP 24 AM 8: 25

SECRETARY OF STATE STATE OF-HOAHO...

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Hone	y-Do Servi	ces
2. The true name(s) and business address(business under the assumed business national Name  Koinonia Managment Corpation	ariic.	e entity or individual(s) doing Complete Address o. Mc Leod Dr. Siute 100, Las Vegas, NV 80
3. The general type of business transacted uses a large and the services and Real Estate and Estat	n and Pu	
	65	Secretary of State use only
ed Name: Leslie P. Morse	g'corp\formslabn formslabn.p65 Revised 04/2003	0115318
city/Title: President (see instruction # 8 on back of form)	g:\corp\fpi	IDAHO SECRETARY OF STATE CK: 1187 (7.3007 05:0