

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

2013 DEC 10 PM 2: 35

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Butterfield Apartments

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

Sandra Wilson Gage

430 State St., Weiser, ID 83672

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Sandra Wilson Gage

430 State St., Weiser, ID 83672

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State use only

Signature: _____

Printed Name: Sandra Wilson Gage

Capacity/Title: Owner

Signature: Sandra Wilson Gage

Printed Name: SANDRA WILSON GAGE

Capacity/Title: Owner

9/21/2012

SECRETARY OF STATE

IDAHO SECRETARY OF STATE
12/10/2013 05:00
CK: 133838 CT: 1177 BH: 1401206
1 @ 25.00 = 25.00 ASSUM NAME # 2

D167487

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HOPKINS CPA

12/09/2013 3:01PM FAX 2084492085