7

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

00 DEC 28 AM 8:27

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:

West Seasons Acres Homeowners Assoc

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
Linda Roeske	PO Box 1596 Coeur d'Alene 83816
Kyle P. Olmstead	27623 N. Carrie Road, Spirit Lake ID 83869
John Scarcello	27039 N Carrie Road Spirit lake ID 83869

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Agriculture
- ☐ Construction
- ☐ Transportation and Public Utilities
- ☐ Finance, Insurance, and Real Estate
- ☐ Mining

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

Linda Roeske
PO Box 1596
Coeur d'Alene, ID 83816

Phone number (optional): _____

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

_____

_____

_____

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

ture: K.P. Olmstead

d Name: KYLE P. OLMSTEAD

city: PRES

(see instruction # 8 on back of form)

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Secretary of State's Office

IDAHO SECRETARY OF STATE
12/28/2000 09:00
CK: 7160 CT: 140099 BH: 369482
1 @ 20.00 = 20.00 ASSUM NAME # 2

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