



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED 2007 JUL -2 AM 8:51

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SECRETARY OF STATE  
STATE OF IDAHO

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

TWIN FALLS COMMONS

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

DD INVESTING LLC W62908

2675 SUNCREST CIRCLE TWIN FALLS ID 83301

DD INVESTMENTS LLC W62909

2675 SUNCREST CIRCLE TWIN FALLS ID 83301

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 |                                                              |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

JEFF BULKLEY

1236 BLUELAKES BLVD

TWIN FALLS ID 83301

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

Phone number (optional):

208.280.1212

Signature: \_\_\_\_\_

(signature required)

Printed Name: DORON HAZUT

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

0112940

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IDAHO SECRETARY OF STATE  
07/03/2007 05:00  
CK: 1566 CT: 215015 BH: 1063803  
1 @ 25.00 = 25.00 ASSUM NAME # 2