

Capacity/Title: Co Owner

(see instruction # 8 on back of form)

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.

FILLD EFFECTIVE

06 MAY 15 PM 2: 49

SECREMENT OF STATE

NOTE: See instructions on reverse before	ore filing. SECREDATE OF STATE STATE OF IDAHO
The assumed business name which the und business is:	dersigned use(s) in the transaction of
Lease To Own D	ream Homes
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Clifford B. Poser Cynthia I. Poser	s) of the entity or individual(s) doing ne: <u>Complete Address</u> 10833 Sandhurst Dr. Boise 8370 10833 Sandhurst Dr. Boise, 8370
3. The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 10833 Sandhurst Dr. Boise	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): (208) 869 - 5245
	Secretary of State use only
Signature: <u>ynthin</u> Foger Printed Name: <u>Cynthia</u> T. Poser	IDAHO SECRETARY OF STATE 95/15/2006 05:00 CK: 1010 CT: 150010 BH: 954914 1 9 25.00 = 25.00 QSSIM MARE #:

IDANO SECRETARY OF STATE 95/15/2006 95:00 CK: 1010 CT: 150010 BH: 954914 1 0 25.00 = 25.00 ASSUM NAME 1 2