## CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 NOV 21 AM 9: 25

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE

	WIE OF IDAHO
1. The assumed husiness name which the un	dersigned use(s) in the transaction of
business is:	110.1
Stay Sun Va	169.
2. The true name(s) and <u>business</u> address(es business under the assumed business name  Name  HCRP Inc.  C183637	
3. The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  PO BOX 191  Sun Valley ID  8335	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	nt .
Signature: Chip Ox Hwo	Secretary of State use only
Printed Name: Haita Worth wood	
Capacity/Title: Pres./ Manager	
Signature:	11/21/2011 95:00
Printed Name:	CK: 2664 CT: 256338 BH: 1298915 1 @ 25.00 = 25.08 ASSUM MANE # 2
Capacity/Title:	

abripmd Rev. 07/2010 015/502