FILLED EFFECTWE **CERTIFICATE OF ASSUMED BUSINESS NAME**

submits for filing a certificate of Assumed Business Name. 05 SEP 19 PH 2: 41

Please type or print legibly. NOTE: See instructions on reverse before filing. SECTION OF STATE STATE OF IDAHO

CATON Property	Manag	ment
The true name(s) and business address(es) or business under the assumed business name: Name Keith Caton		ntity or individual(s) doing Complete Address 1405 Grant Ave Boise ID. 83706
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Keith Caton 1405 Grant Ave Boise ID 83706		
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Phone number (optional):
		Secretary of State use only
ignature: Keith Caton rinted Name: Keith Caton	gXcorpformstabn formstabn.p65 Revised 04/2003	D103873
capacity/Title: (owner) (see instruction # 8 on back of form)	gicospi	IDAHO SECRETARY OF STATE 09/19/2006 05:0 CK: 4519 CT: 158010 BH: 97