

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

submits for filing a certificate of Assumed Business Name.

Pursuant to Section 53-504, Idaho Code, the undersigned

Please type or print legibly. NOTE: See instructions on reverse before filing. FILED EFFECTIVE 07 NOV 28 AM 8: 12 SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:	
9	lopment
2. The true name(s) and business address(es) of the elements business under the assumed business name:  Name  Michelle Thorne  ZAC	Complete Address  N. Bassett RD  berts, ID 83444
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Legacy Pointe Development  1015   11th Street  Idaho Falls, ID 83404	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Michelle Thorne  1015   th Street  Idaho Falls The 23404	Phone number (optional):
Signature: Michelle Horne  Printed Name: Michelle Thorne  Capacity/Title: DWnch  (see instruction to the new back of four)	IDANO SECRETARY OF STATE 11/28/2007 05:00 CK: 3471 CT: 219922 BH: 1087111 1 8 25.00 = 25.00 ASSUM NAME #

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