

## 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.

(see instruction # 8 on back of form)

VALLEY RENTA	The state of the s
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
VALLEY INVESTORS LIMITED PARTNERSHIF	1132 SKYLINE DRIVE
	TWIN FALLS, ID. 83301
L 575	
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  261 FOURTH AVE. NO. TWIN FALLS, ID. 83301	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208.420.5505
	Secretary of State use only

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