



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 OCT 29 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SCENIC MOBILE ESTATES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
DUANE M WENTZ	PO BOX 43, COCOLALLA, Idaho 83813
KARIN A WENTZ	PO BOX 43, COCOLALLA, Idaho 83813

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

DUANE M WENTZ
PO BOX 43
COCOLALLA, Idaho 83813

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: [Signature]

Printed Name: DUANE M WENTZ

Capacity/Title: OWNER

Signature: [Signature]

Printed Name: KARIN A WENTZ

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE
10/29/2012 05:00
CK: 9423 CT: 275715 BH: 1345549
1 @ 25.00 = 25.00 ASSUM NAME # 2

D158969