



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 MAY 13 AM 8:53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Timber Creek Homes

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

North 200th Land Company and Holdings INC

C 154414

2300 E Wilbur Ave

Dalton Gardens FD 83815

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 checked="" type="checkbox"/> Construction             |
| <input 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):

2300 E Wilbur Ave  
Dalton Gardens FD 83815  
\_\_\_\_\_

Phone number (optional):  
\_\_\_\_\_

Signature: \_\_\_\_\_

(signature required)

Printed Name: William M Betts

Capacity/Title: PRES.

(see instruction # 8 on back of form)

Secretary of State use only

D76274  
IDAHO SECRETARY OF STATE  
05/13/2004 05:00  
CK: NO CK # CT: 158010 BH: 744754  
1 @ 25.00 = 25.00 ASSUM NAME # 2