

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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. 09 DEC -4 AM 8: 53

SECRETARY OF CTATE

business is: VINTAGE VILORA	A
2. The true name(s) and business address(es business under the assumed business name Name TERESA A. SUIJAER	of the entity or individual(s) doing ne: Complete Address 18765 N: RUSTIC RINGE TRL. RATHORUM, INAHO 83858
3. The general type of business transacted under the desired line of the second line of t	nder the assumed business name is: n and Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: TERESA A. SNIJDER 187105 N. RUSTIC RIDGE TEL. RATHDOWN, IDA HO 83858	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2311
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent ex
	Secretary of State use only
gnature: Tusa a. Suides	IDAHO SEPRETARY OF CTATE

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