Capacity: President

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Id gives notice of adoption of an	
The assumed business name which the business is:	undersigned use(s) in the transaction of
Trinity Design	7
2. The true name(s) and business address(business under the assumed business name)	ame is/are: <u>Complete Address</u>
1 rinity Homes, Inc.	<u>Box 903 Engle, Id 83616</u>
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
☐ Retail Trade ☐ Manufactur  ☑ Wholesale Trade ☐ Agriculture ☐ Services ☐ Constructio	Finance, Insurance, and Real Esta
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
Box 903	Submit Certificate of Assumed Business Name and \$20.00 fee to:
<u>Eagle</u> , Id 836/b	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgmer copy is (if other than # 4 above):  SAME	ent Basement West PO Box 83720 Boise ID 83720-0080
Shime I	208 334-2301
	Secretary of State use only  IDANO SECRETARY OF STATE  12/04/2000 09:00  CK: CASH CT: 139289 MH: 364440
nature: Kon Hentle	
ted Name: Row Hezelfine	1 8 28.80 = 26.88 ASSUM NAME # 2

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