Capacity:

Co-Owner

(see instruction # 8 on back of form)

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

OTATE OF IDAHO

SADE 11 Pursuant to Section 53-504, Idaho Code, the undersigned Che JARY OF STATE OF IDAHO. To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: American Real Estate & Appraisal 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Douglas & DeAnna Vollmer P O Box 566, Twin Falls, ID 83303-0566 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): ____208 734-5650 correspondence should be addressed: American Real Estate & Appraisal Post Office Box 566 Submit Certificate of Assumed Business 83303-0566 Twin Falls, ID Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Signature: **65/10/2001 09:00** CK: 4512 CT: 93412 BH: 396299 Printed Name: DeAnna Vollmer

1 8 20.00 = 20.00 ASSUM NAME # 2

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