



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

RECEIVED 17 MAR 06
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Lincoln Way Terrace Apts.

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
<u>Marvin G. Miller</u>	<u>701 E Front Ave. #602</u>
<u>Patricia S. Miller</u>	<u>Coeur d'Alene, ID 83814</u>

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 | |

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

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

Same as above

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

Cimcorp Inc.
Attn: Claudia Moser
P.O. Box 1180
Hayden, ID 83835

Signature: Patricia S. Miller
(signature required)

Printed Name: Patricia S. Miller

Capacity/Title: owner

(see instruction # 8 on back of form)

Phone number (optional):

Secretary of State use only

g:\corp\forms\slabn_forms\slabn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/17/2006 05:00
CK: 5155 CT: 198164 BH: 943882
1 @ 25.00 = 25.00 ASSUM NAME # 2

D97662