

## **CERTIFICATE OF**

CERTIFICATE OF	FILED EFFECT
ASSUMED BUSINESS NAN Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business I	signed 🖔
Please type or print legibly. NOTE: See instructions on reverse before filing.	Name. STATE OF DAYOATE
<ol> <li>The assumed business name which the undersigned business is:</li> </ol>	ed use(s) in the transaction of
OBA - Beshive Homes	of eldaho Fallo
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  The Thier Enterprise, Inc.  C128010	entity or individual(s) doing  Complete Address  11 40 Science Center &  Lolahio Fallo Id  83402
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Bestive Homes of Idaha Fallo P. O. Box 468  Bigby Td 83442	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):	Phone number (optional): (208) 542-6856 (208) 745-0792

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Secretary of State use only

Signature:

Printed Name: Trauis

Capacity/Title: <u>Owner</u>

(see instruction # 8 on back of form)

IDANO SECRETARY OF STATE @2/28/2003 @5 x 00 CK: 3633 CT: 167869 BH: 665886 @ 20.00 = 20.00 ASSUM MANE # 2 D62984