

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## FILED EFFECTIVE 2013 OCT 18 AM 9: 03

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE

Red Tail Luxury Apartments	
2. The true name(s) and <u>business</u> address( business under the assumed business n <u>Name</u> Red Tail Communities LLC	
3. The general type of business transacted  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Randy L. Fullmer  P.O. Box 1030  Meridian, ID 83680	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Middle	. Secretary of State use only
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nted Name: Randy L. Fullmer	_
pacity/Title: Member MANAGER	- IDAHO SECRETARY OF STATE 10/18/2013 05:00
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gnature: inted Name:	- CK: 1138 CT: 285662 BH: 1394525 1 0 25.00 = 25.00 ASSUM MANE #

abn.pmd Rev. 07/2010