CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2014 NOV -7 PM 3: 04

SECRETARY OF STATE lease type or print legibly. Instructions are included on the back of the application. STATE OF INAHO

| 1. Th | المستعددة | l business name is: | gon Wheel Apartments |
|------------|---------------|--|---|
| 2. Th | e assumed | l business name was file | ed with the Secretary of State's Office |
| on 3. [| Cancella | | filed the certificate no longer claim an interest in time and cancel the certificate in its entirety. |
| 4. | | umed business name is a | |
| 5. 🗸 | The true | e names and business ac s under the assumed bus | addresses of the entity or individuals doing usiness name are amended as follow: |
| £ | Add: Delet | te: Name: | Address: |
| | | DBSI/TRI VIII Limited Par | artnership 1070 North Curtis # 270 Boise, ID 83706 |
| | | Boise Housing Corporation | PO Box 108, Boise ID 83701 |
| | | C/05 | 5463 |
| 7. 🗌 | | | truction Finance, Insurance, and Real Estate future correspondence should be addressed |
| | me and add | dress for this acknowledge Corporation | gment copy is: |
| PO | Box 108 | | |
| Boi | ise, ID 83701 | | |
| ignature: | | Melleno | Secretary of State use only |
| | me: James T | | |
| • • • | | se Housing Corporation | 10AHO SECRETARY OF STATE 11/07/2014 05:00 |
| | | | - CK:2348700 CT:172099 BH:14 |
| | | | - 10 10 00 = 10 00 ASSUM AME |
| _apacity:_ | | | _ |

abn_amend.pmd Rev. 07/2010

D18748