

CERTIFICATE OF ASSUMED BUSINESS NAME

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

12 JAN 23 PM 1:01

STATE OF IDAHO

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

<u> </u>	ROMA Ventures
business under the assumed bus	
<u>Name</u>	Complete Address
ROMA Ventures, LLC	950 W Bannock Street, Suite 610
(W110355)	Boise, Idaho 83702
Retail Trade Trar	nsacted under the assumed business name is: nsportation and Public Utilities nstruction
	riculture Submit Certificate of Assumed Business eal Estate Name and \$25.00 fee to:
 The name and address to which correspondence should be addre Roger Hales 	essed: 450 North 4th Street PO Box 83720
950 W Bannock Street, Suite 610 Boise, Idaho 83702	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment
	Secretary of State use only
nature: Manaman	
nted Name: Marianne M Morrison	
pacity/Title: Managing Member	
nature:	IDAHO SECRETARY OF STATE
nted Name:	01/23/2012 05:00 Ck: 1710 CT: 148615 BH: 130725
pacity/Title:	1 E C3.00 = C3.00 HSSUN NHTE

abn.pmd Rev. 07/2010

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