

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 MAR 27 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

MOUNTAIN LAKE MEADOW PROPERTIES

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>Trillium Group</u>	<u>375 MAY ROAD</u>
<u>Properties, LLC</u>	<u>PO Box 2832</u>
	<u>McCall, ID 83638</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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" 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:

John R. Williams
P.O. Box 2832
McCall, ID 83638

Phone number (optional):

208-634-5979

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

N/A

Signature: _____

John R. Williams
(signature required)

Printed Name: _____

JOHN R. WILLIAMS

Capacity/Title: _____

MANAGING MEMBER

(see instruction # 8 on back of form)

Secretary of State use only

g:\copy\forms\abn_form\abn.pdf Revised 04/2003

IDAHO SECRETARY OF STATE
03/28/2007 05:00
CK: 1628 CT: 211443 BH: 1043888
1 @ 25.00 = 25.00 ASSUM NAME # 3

D09771