

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. -07 OCT -2 AM 8: 11

FIL. SECRETARY OF STATE

PATTERSON HOME IM	PROJEMENT
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name TERRY W. PATTERS 227	ne entity or individual(s) doing Complete Address SORCHARD DR. BAST OWN FAUS, ID. 83301
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Torrespondence Should Dr. East Turn Parcs D 83301	
5. Name and address for this acknowledgment copy is (if other than #4 above): SAme	Phone number (optional): (208) 733-0850 Secretary of State use only

IDAHO SECRETARY OF STATE 10/02/2007 05:00 8722235688 CT: 158818 BH: 1878428 8 25.88 = 25.88 ASSUM MANE # 2

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