

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2007 JAH 19 AM 8:58

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

SECREDATI OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

COLONIAL PROPERTY MANAGEMNENT	
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing  Complete Address  MAIN AVENUE, ST. MARIES, ID 83861
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction  V Services Agriculture  Manufacturing Mining	Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  DEBRA ANN ZIMNICKI PO BOX 223  SANTA, ID 83866	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above);	Phone number (optional): 208-582-1328
	Secretary of State use only
gnature: (signature/required)	P 10733
inted Name: DEBRA A. ZIMNICKI  apacity/Title: OWNER/ MANAGER	IDAHO SECRETARY OF STATE 01/19/2007 05:
apacity/Title: OWNER/ MANAGER (see instruction # 8 on back of form)	01/19/2007 05: CK: 6491 CT: 158010 BH: 10 1 @ 25.00 = 25.00 ASSUM N