Printed Name: I

Capacity: Chief Executive Officer

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned use(s) in the transaction of business is: NBA Mountain Falls Apartments, Inc. 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Mountain Falls Apartments, Inc. 1275 S. Woodruff Avenue C1/7795 Idaho Falls, ID 83404-5530 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business NBA Mountain Falls Apartments, Inc. Name and \$20.00 fee to: 1275 S. Woodruff Avenue Secretary of State Idaho Falls, ID 83404-5530 700 West Jefferson Basement West 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above). Boise ID 8372010080 Pranschke & Holderle, L.C. 208 334-2301 Attn: Christi 1610 Des Peres Road, Suite 300 Secretary of State use only St. Louis, MO 63131 IDAHO SECRETARY OF STATE /05/2000 09:00 Signature: /// CK: 19584 CT|: 112781 BH: 323643

20.00 ASSUM NAME # 2

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