

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is: ESTATE PROPERTIES	
2. The true name(s) and business address(es) of the er business under the assumed business name: Name MARIA LOPEZ CD4	ntity or individual(s) doing Complete Address W. HARBOR VIEW DR ID 83814
 3. The general type of business transacted under the and Retail Trade ☐ Transportation and Pub ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ✓ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: MARLA LOPE Z Estate Proputies GIO W. Hubbard St #211 CIA 10 83814 	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 676 - 8933
Signature: Signature: (signature required) Printed Name: MARIA LODE Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 11/08/2005 05:00 CK: 4149 CT: 193972 BH: 921031 1 @ 25.00 = 25.00 ASSUM NAME # 2