



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.

Instructions are included on back of application.

12 FEB 13 AM 9:50

SECRETARY OF STATE
BOISE, IDAHO

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

H & S PROPERTY MANAGEMENT

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>NORMAN AND MARY SOWARDS LIVING TRUST</u>	<u>3212 W 3000 N</u>
	<u>MOORE, ID</u>
	<u>83255</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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

NORMAN K. SOWARDS, TRUSTEE
618 N. SAINT CHARLES ST.
SALMON, IDAHO 83467

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

Signature: [Signature]

Printed Name: NORMAN K. SOWARDS, TRUSTEE

Capacity/Title: TRUSTEE

Signature: [Signature]

Printed Name: MARY K. SOWARDS, TRUSTEE

Capacity/Title: TRUSTEE

Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2012 05:00
CK: 2767 CT: 115293 BH: 1310503
1 @ 25.00 = 25.00 ASSUM NAME # 2

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