



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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

FILED/EFFECTIVE
Dec 19 12 56 PM '00

SECRETARY OF STATE
STATE OF IDAHO

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

Partners In Residence

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Shārrie Thames</u>	<u>P.O. Box 140374 Boise, ID 83714</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional) 345-4752

Shārrie Thames
P.O. Box 140374
Boise, ID 83714

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Signature: Shārrie L. Thames
 Printed Name: Shārrie L. Thames
 Capacity: Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
Secretary of State use only

04/19/2000 09:00
CK: CASH CT: 129990 BN: 310497

1 @ 20.00 = 20.00 ASSUM NAME # 2

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