



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 FEB 18 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

SOCKEYE SQUARE TENANTS IN COMMON

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
PIONEER INVESTMENT PARTNERS, LLC	122 ASPEN LAKES DR. HAILEY, ID 83333
RJS LIMITED, AN IDAHO LIMITED	6447 N PACE FRONTAGE RD. PARK CITY, UT
PARTNERSHIP (L2157)	84098

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 | |

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

Sockeye Square Tenants in Common
101 Bullion St. E., Ste. 3C
Hailey, ID 83333

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

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

Secretary of State use only

Signature: Matt Engel

Printed Name: Matt Engel

Capacity/Title: Property Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
02/18/2011 05:00
CK: 3868 CT: 255638 BH: 1260628
1 @ 25.00 = 25.00 ASSUM NAME # 2

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