Capacity/Title:

(see instruction # 8 on back of form)



CFRTIFICATE OF ASSUMED BUSINESS NAME

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

2006 MAR 2711 PM 2: 03

SECRETARY OF JUAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: New Haven Property Management 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 4946 Decatur Dr. Boise, ID 83704 Troy Webb 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of **Assumed Business** Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Troy Webb Boise ID 83720-0080 PO Box 140606 208 334-2301 Boise, Idano 83714 Phone number (optional): Name and address for this acknowledgment 724-0158 copy is (if other than # 4 above): same Secretary of State use only g.toorphiamstabn tomstabn.p66 Signature: (signature required) Printed Name: 100

IDAHO SECRETARY OF STATE 03/27/2006 05:00 CK: 760878 CT: 172099 BH: 945725 1 0 25.00 = 25.00 ASSUM NAME # 2