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# 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.**

**NOTE: See instructions on reverse before filing.**

**FILED/EFFECTIVE**  
01 MAY 14 AM 8:46  
SECRETARY OF STATE  
STATE OF IDAHO

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

REAL ESTATE ONE

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

Name

Richard W. Hoyle

Complete Address

210 West MALLARD DRIVE

BOISE, Idaho 83706

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:

Richard W. Hoyle

210 West MALLARD DRIVE

BOISE, IDAHO 83706

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

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

Not applicable

Phone number (optional):

(208) 344-2600

Secretary of State use only

IDAHO SECRETARY OF STATE

05/14/2001 09:00  
CK: 3499 CT: 101568 DM: 396810

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: [Signature]

Printed Name: Richard W. Hoyle

Capacity: owner

(see instruction # 8 on back of form)

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