

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 JAN - 6 AM 11: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name who business is:	nich the undersigned use(s) in the transaction of
Three Rivers Pr	eperty Maintenance
	address(es) of the entity or individual(s) doing siness name: <u>Complete Address</u>
The general type of business tran	nsacted under the assumed business name is:
Retail Trade Trar Wholesale Trade Cor	nsportation and Public Utilities
✓ Services✓ Agr✓ Manufacturing✓ Min✓ Finance, Insurance, and Re	
4. The name and address to which for correspondence should be address. Three Livers Rock 2424 M. 30th Boise, 7d, 83703	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment Phone number (optional):
	Secretary of State use only
Signature: (signature required) Printed Name: Scott m. Uhlmann Capacity/Title: owen (see instruction # 8 on back of form)	CK: 106105739597DMF CT: 172899 BH: 729148
	D 71905