## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FUED EFFECTIVE

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

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Please type or print legibly.

STATE OF IDAHO NOTE: See instructions on reverse before filing.

Corrections Corporation of America	
The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing me:
Name	Complete Address
CCA Western Properties, Inc.	10 Burton Hills Boulevard Nashville, TN 37215
C157968	
The general type of business transacted upon the property of t	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Todd Mulicager	PO Box 83720 Bolse ID 83720-0080
10 Burum Hills Boulevard Nashville, 'I'N 37215	208 334-2301
i. Name and address for this acknowledgm copy is (if other than #4 above):	nent Phone number (optional): 615.263.3007
	The state of the s
	Secretary of State use only
ture 1 thalles	Secretary of State use only
ed Name: Toda Mullenger	Secretary of State use only

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(see instruction # 8 on back of form)