

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the to business is:	undersigned use(s) in the transaction of
BELAIR TRAILER PARK	
2. The true name(s) and <u>business</u> address(business under the assumed business na Name ELPIDIO N. MARTINEZ ADRIENNE M. MARTINEZ	
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: ELPIDIO N. MARTINEZ 757 NORMAL AVENUE BURLEY, IDAHO 83318	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgr copy is (if other than # 4 above): TOM DALIEY ACCOUNTING 	ment Phone number (optional): 208-878-2430
620 5TH STREET RUPERT, IDAHO 83350	Secretary of State use only
Signature: Landro N Most Landro N (signature required) Printed Name: ELPIDIO N. MARTINEZ Capacity/Title: OWNER (see Instruction # 8 on back of form)	IDANO SECRETARY OF STATE G6/G2/2004 G5 = G0 CK: 778 CT: 156010 BH: 748221 1 8 25.00 = 25.00 ASSUM NAME # 2

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