(see instruction # 8 on back of form)

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 FFECTIVI 2007 APR 12 PH 4: 31 SEURETARY OF STATE STATE OF IDAHO

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HARBORVIEW COTTAGES HOMEOWNER'S ASSOCIATION	
2. The true name(s) and business address(es) of t	he entity or individual(s) doing
business under the assumed business name: Name	Complete Address
RHONDA TATE	766 PONDER POINT DR
BEN TATE	SANDPOINT, ID 83864
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: RHONDA TATE 766 PONDER POINT DR	Submit Certificate of Assumed Business Name and \$25.00 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):	Phone number (optional): 208-263-4130
	Secretary of State use only
gnature: Chouda Octeo (signature required) RHONDA TATE PRESIDENT	IDAHO SECRETARY OF STATE 44/13/2007 05:00 CK: 111189 CT: 172899 RH: 1846479 1 0 25.00 = 25.00 ASSUM WANE # 8