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## **CERTIFICATE OF** ASSUMED BUSINESS NAME 2005 JAN 31 AM 9: 46

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

STATE OF TUAHO

FILED EFFECTIVE

NOTE: See instructions on reverse heless filling

1. The assumed business name which the undersign business is:  BROOKS HOMEOWNER	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Kathy L. Brook 5  2	Complete Address
3. The general type of business transacted under th  Retail Trade Transportation and F  Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:    Brooks Hoa Management   311 E. Pine St. # 105     Meridian, 10 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):
ature: Kacky L. Brooks	Secretary of State use only

Sig Printed Name: Kathy L Brooks OWNER Capacity/Title: (see instruction # 8 on back of form)

IDANO SECRETARY OF STATE 01/31/2005 05:00 CK: 1883 CT: 158010 BH: 79882 1 0 25.00 = 25.00 ASSUM NAME # 2