FILED EFFECTIVE

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

STATE OF IDATIO

HFZB 15 Mill: 15

Please type or print legibly.
Instructions are included on back of application.

Timperstone Golf Course	
business under the assumed bus	······································
Name	Complete Address
klaho Golf Partners, Inc.	808 E. Cloverhill Court, Eagle, ID 83616
C188569	
3. The general type of business tran	sacted under the assumed business name is:
	sportation and Public Utilities
	Istruction
	iculture
☐ Manufacturing ☐ Min	90-10 114 mm at 00 m
Finance, Insurance, and Re	Assumed Business
	THE STATE OF THE S
4. The name and address to which t	
correspondence should be addre	ssed: 450 North 4th Street
Idaho Golf Partners, inc.	PO Box 83720 Bolse ID 83720-0080
808 E. Cloverhill Court	208 334-2301
Eagle, ID 83816	
5. Name and address for this acknowledge.	wledgment
copy is (if other than # 4 above):	
Mark Perison	
P.O. Box 6575	
Boise, ID 83707	Secretary of State use only
nature: line 2	
nted Name Bay Gross	
pacity/Title: Vice-President	
nature;	
	
nted Name:	1

IDANO SECRETARY OF STATE

02/15/2011 05:00

CK: 3816 CT: 139154 BH: 1268098
1 8 25.80 = 25.00 ASSUM NAME # 2