



# 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.**

09 APR 28 PM 1:16

SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

RENTHAMPTONESTATES.COM

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Dauson Property Management LLC

1785 E Star Ln Meridian ID 83646

(1643010)

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

Dauson Property Management LLC

1785 E Star Ln

Meridian ID 83646

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature:

*(Signature)*  
(signature required)

Printed Name:

Norman Failing

Capacity/Title:

Managing Member

(see instruction # 8 on back of form)

Secretary of State use only

g:\comptons\ain forms\slain.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/28/2009 05:00  
CX: 1639 CT: 158018 IN: 1160852  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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