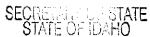
CERTIFICATE OF ASSUMED BUSINESS NAME 2017 APR -3 AM 10: 28

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:



1	STATE OF IDATIO				
١.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	Falls Pointe Apartments	The second secon			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	Falls Pointe, LLLP	PO Box 2494, Idaho Falls, ID 83403			
	(Name) L 6839	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)				
	The general type of busine Retail Trade Wholesale Trade Services Mailing address for future Falls Pointe Apartments (Name) PO Box 2494 (Address) Idaho Falls, ID 83404 (City)	ConstructionAgricultureManufacturing	∑ F 5. Name a	ousiness name is: Fransportation and Public I Mining Finance, Insurance, and Re and address for this acknow (if other than # 4): (State)	eal Estate
Printed Name: Wendy Liljenquist Signature: Printed Name:			Secretary of State use only IDAHO SECRETARY OF STATE 04/03/2017 05:00 CK:1000 CT:337327 BH:1577088 16 25.00 = 25.00 ASSUM NAME #		

Rev. 08/2015

DIMODIL