



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 MAY -2 AM 10: 02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

TRAIL Lodge Apartments

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
<u>PARK Place INVESTORS</u>	<u>P.O. Box 9765</u>
<u>(W123432) VII, LLC</u>	<u>Newport Beach, CA. 92658</u>
	<u>STREET Address: 16 Whales Bluff</u>
	<u>Newport Coast, Ca.</u>
	<u>92658</u>

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

P.O. Box 9765
Newport Beach, Ca. 92658

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

Signature: Pauline W. Long

Printed Name: Pauline W. Long

Capacity/Title: Owner - member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/02/2014 05:00

CK:5357 CT:296422 BH:1423109

10 25.00 = 25.00 ASSUM NAME #2

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