

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 FEB 25 AM 9:52

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:

CAMEO ESTATES

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

<u>Name</u>	<u>Complete Address</u>
<u>LEGACY ROCK CREEK, LLC</u>	<u>308 N. MAIN ST.</u>
<u>(W102096)</u>	<u>HATLEY, ID 83333</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:

PETE WHITEHEAD
308 N. MAIN ST.
HATLEY, ID 83333

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

Signature: CLL 26741

Printed Name: PETE WHITEHEAD

Capacity/Title: MANAGER/PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

abn.pmd Rev 07/2010

IDAHO SECRETARY OF STATE
02/26/2013 05:00
CK: 252 CT: 279849 BH: 1361768
1 @ 25.00 = 25.00 ASSUM NAME # 2

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