



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.

FILED/EFFECTIVE
01 FEB 12 AM 9:46
SECRETARY OF STATE
STATE OF IDAHO

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

LEISURE VILLAGE XII

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

A. LeRoy Atwood

2663 NW 4th, Fruitland, Idaho 83619

Beverley K. Atwood

2255 Sheri Drive, Emmett, Idaho 83617

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 | |

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

Leisure Village XII

914 Elgin

Caldwell, Idaho 83605

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

(208) 459-6348

Secretary of State use only
IDaho SECRETARY OF STATE

02/12/2001 09:00
CK: 1794 CT: 87297 BH: 378316

1 @ 20.00 = 20.00 ASSUM NAME # 2

L42575

Signature: Connie M. Aman

Printed Name: Connie M. Aman

Capacity: Controller

(see instruction # 8 on back of form)