



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2014 JAN 22 AM 9:08

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:

The Anderson Group

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

<u>Anderson</u>	<u>Name</u>	<u>Complete Address</u>
<u>SNL Real Estate LLC</u>		<u>3525 Merlin Dr. Idaho Falls, 83404</u>
<u>(W109560)</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 <u>Real Estate</u> | |

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:

The Anderson Group
3525 Merlin Drive
Idaho Falls, ID 83404

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

Signature: _____

Printed Name: Shawn Anderson

Capacity/Title: owner

Signature: [Signature]

Printed Name: Shawn Anderson

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
01/22/2014 05:00
CK: 2227 CT: 292042 BH: 1407007
1 @ 25.00 = 25.00 ASSUM NAME # 2

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