

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, idano Code, the undersigned submits for filing a certificate of Assumed Business Name. 2005 AUG 28 PM 12: 20

NOTE: See instructions on reverse before filing	9. SECRETARY OF STATE
NOTE: See instructions on reverse before filing 1. The assumed business name which the undersign business is:	
Sycamore Estates Mabile Home	Community
The true name(s) and business address(es) of the business under the assumed business name: Name	e entity or individual(s) doing Complete Address
	LE WAR Eagle Ave hol, ID 83801
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 600 E WAR Foote Ave Amol, ID 63961	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 925-(028-9497-
	Secretary of State use only
Signature: (signature required) Printed Name: CON 16 EVANC	0103173
Printed Name: CONIA EVANS	IDAHO SECRETARY OF STATE

Capacity/Title: PROSiden-(see instruction # 8 on back of form)

CK: 1540 CT: 203819 BH: 972380 1 @ 25.00 = 25.00 ASSUM NAME # 2