

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.

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SECRETARY OF STATE STATE OF IDAHO

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2. The true name(s) and business address(es business under the assumed business name Name Christinam Engels	s) of the entity or individual(s) doing ne: Complete Address 1369 Cabrillo Av C Kuna ID 83634
3. The general type of business transacted under the services and Real Estate 4. The name and address to which future correspondence should be addressed: Christina Engels EPE 1369 Cabrillo Ave Kuna IDS	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above): gnature: Christina Engels pacity/Title Christina Engels	Secretary of State use only 5000790 period 500070 period

09/25/2007 05 = 00 CK: 6116 CT: 158610 BH: 1677308 1 25.80 = 25.80 ASSUM NAME # 2