

FILED EFFECTIVE

227



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

Pursuant to Section 53-604, 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.

2009 FEB 10 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

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

The Gables of Idaho Falls

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
Rasmussen Enterprises, LLC	1305 NW Main, Blackfoot, ID 83221
W 23784	

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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Ben Arave
1305 NW Main
Blackfoot, ID 83221

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
480 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

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

Murray Jim Storrensen
PO Box 1047
Blackfoot, ID 83221

Secretary of State use only

Signature:

Printed Name: Ben Arave

Capacity/Title: Manager

(See instruction # 8 on back of form)

P 128205
IDaho SECRETARY OF STATE
02/10/2009 05:00
CK: 200023 CT: 172899 BH: 1136342
10 25.00 = 25.00 ASSUM NAME # 3