

Signature:

Printed Name: ERic

Capacity/Title: / IAhAGech

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

08 JUN 18 AM 8: 56 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: ourley Extenda STAY Motel 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name 4.0,2611 Twin Falls ID. 83303 New Leaf Properties LLC 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade **Agriculture** Services 3 Submit Certificate of Assumed Business Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 New Leaf PROPERTIES LLC (208) 334-2301 5. Name and address for this acknowledgment CODY IS (if other than #4 above): Secretary of State use only

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IDAHO SECRETARY OF STATE

96/18/2008 95:00

CK: 759 CT: 225351 BH: 1128399

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