FILED EFFECTIVE

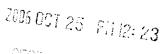


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction #8 on back of form)



SEGLETATE A STATE OF STATE OF

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: High Desert	RV Park
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
EVE Mary Collins 221	Addison AVELAST
	7 WIN # FHIS LO
	,
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Publ	ic Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
EVE MOLY COLLINS	PO Box 83720
EVE Mary Collins 3591 East 4000 North	Boise ID 83720-0080
Kimberly Td 83341	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above).	(208) 316-0176
	(AVO) OI a
	Secretary of State use only
ignature: <u>EVE Mary Collins</u> Capacity/Title: Owner	
Printed Name: EVE Mary Collins	_ I <u>DAHO</u> SECRETARY OF STATE
Capacity/Title: Dwner Sand	10/25/2006 05:00 CK: 1313 CT: 158010 BH: 987112 1 8 25.80 = 25.80 assim Mane # 2

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