(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the grapersigned 9: 03

Sugar Pine Townhouse  The true name(s) and business addres		
business under the assumed business	ss(es) of the entity or individual(s) doing name is/are:	
Name Robert Kantner	Complete Address PO Box 3619, San Rafael, CA 94912	_
Cindy Kantner	(same as above)	
. The general type of business transacte (mark only those that apply)	ed under the assumed business name is:	+ }
Retail Trade Manufact Wholesale Trade Agricultu Services Construct	re	
i. The name and address to which future correspondence should be addressed	e Phone number (optional):	· · · · · · · · · · · · · · · · · · ·
1671 Riverstone Ln., Boise, ID 8	Assumed Business	
5. Name and address for this acknowled copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	Secretary of State use only  IDAHO SECRETARY OF STATE	``
nature: Chis Stan for	12/08/1998 09:00 CK: 22526 CT: 1626 BH: 168287	
Sugar Fine Town Lorens	1 @ 20.00 = 20.00 ASSUM HAME	# 3