CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Assu	Code, the undersigned med Business Name.
1. The assumed business name which the business is: Gate way Apartments + Mol	
The true name(s) and business address business under the assumed business Name	s(es) of the entity or individual(s) doing name is/are: <u>Complete Address</u>
Gaea A. Lete #. Mitch Lete	Box 817 - Shashane, ID 83352
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: Gateway Apartments Po Box 817	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgm copy is (if other than # 4 above):	PO Box 83720
	Boise ID 83720-0080 208 334-2301
Signature: Laca Lete	Revision 2.81
Printed Name: Gaea Lete	I IDANO SECRETARY OF STATE
(see instruction 8 on back of form)	02/01/1999 09:00 CX: 1470 CT: 110435 BH: 183718 1 8 28.08 = 28.08 ASSIN NAME : 2