

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2002 FEB 1 | AM 10: 49

FILED/EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

| | STATE OF I DAHO |
|---|--|
| 1. The assumed business name which the undersigne | ed use(s) in the transaction of |
| business is: | • |
| CORNERSTONE RESIDE | NITIAL |
| | 79.77.0 |
| The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: | ntity or individual(s) doing |
| Name | Complete Address |
| | |
| J.C. & FAMILY Co. 200 | GE 34" OAKOEN LITY, 10 |
| <u>C142536</u> | 8.5 //4 |
| _ , | |
| | |
| 3. The general type of business transacted under the | assumed business name is: |
| | |
| Retail Trade Transportation and Pu | blic Utilities |
| Wholesale Trade Construction | |
| Services Agriculture | Submit Certificate of |
| ☐ Manufacturing ☐ Mining | Assumed Business |
| | Name and \$20.00 fee to: |
| ☐ Finance, Insurance, and Real Estate | |
| 4. The name and address to which future | Secretary of State |
| correspondence should be addressed: | 700 West Jefferson |
| Dat Ma | Basement West |
| DEDra CIIVe | PO Box 83720 |
| 206 E 34M | Boise ID 83720-0080 208 334-2301 |
| COANDENCITY ID 83714 | 208 334-2301 |
| 5. Name and address for this acknowledgment | Phone number (optional): |
| COPY IS (if other than # 4 above): | 208 713-7417 |
| | |
| | |
| | Secretary of State use only |
| | |
| | |
| Signature: A () () () () () () () () () (| IDAHO SECRETARY OF STATE |
| Signature: Description of the second of the | 02/11/2002 05:00 |
| se s | CK: CASH CT: 157129 BH: 445389 1 @ 20.00 = 20.00 ASSUM NAME # 3 |

D 51881