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	ASSUMED B Pursuant to Section 53-50 submits for filing a certifica <u>Please type or p</u> OTE: See instructions or	erint legibly. 1 reverse before filing.	Igned Name. 2007 JUL 16 PM 3: 20
2. The ti busin			a Entity or individual(s) doing <u>Complete Address</u> <u>4 N Rosepoint Wy</u> Ex Id 83713
4. The nai corresp 5. Name a copy is	Retail Trade Trade Tra Vholesale Trade Co Services Ag lanufacturing Mi inance, Insurance, and F me and address to which ondence should be addre the Camp the Rose por Sector 12, 83 and address for this ackn (if other than # 4 above):	Ansportation and Public Distruction griculture ning Real Estate future assed: boll TIZ	Sumed business name is: lic Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): <u>208 - 949 - 6077</u> Secretary of State use only
pacity/Title:	Andrea Camo	De Cl	IDAHO SECRETARY OF STATE 07/17/2007 05:00 CK: CASH CT: 154010 BH: 1065841 1 25.00 = 25.00 ASSUM NAME # 2 D 113329