Capacity:

(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 undersigned [M 10: 16]

| | gives notice of adoption of an As | sumed Business Name. |
|---|--|--|
| 1. | The assumed business name which the und business is: | dersigned use(s) in the transaction of |
| | Estate Management | |
| 2. | The true name(s) and business address(es) business under the assumed business nam | |
| | Name | Complete Address |
| | <u>ivanie</u> | Somplete Address |
| | Shellee Townsend | RO, Box 2420 - 6 |
| | | Letchum Id 83340 |
| 3. | The general type of business transacted un (mark only those that apply) | der the assumed business name is: |
| 1 | □ Retail Trade □ Manufacturing □ Wholesale Trade □ Agriculture ☒ Services ☒ Construction | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining |
| 4. | The name and address to which future PI correspondence should be addressed: | hone number (optional): <u>208-720-192</u> 7 |
| | Shellee Townsend | Submit Certificate of |
| | PO. Box 2420 | Assumed Business |
| | 1/ 1 1 -1 022/10 | Name and \$20.00 fee to: |
| | hetchum Id 83340 | Secretary of State |
| 5. | Name and address for this acknowledgmen | 700 West Jefferson t Basement West |
| | COPY is (if other than # 4 above). | PO Box 83720 |
| | | Boise ID 83720-0080 |
| | | 208 334-2301 |
| | | Secretary of State use only |
| | | 1DAHO SECRETARY OF STATE 12/21/2000 09:00 CX: 1000 CT: 139914 NH: 360214 |
| Signati | ure: Shellet Tawnsenk) | |
| Printed Name: <u>Shellee Townsend</u> § | | 1 0 20.00 = 20.00 ASSUM WANE 1 2 |
| | ity: Posidont | D 41332 |