

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Gladys' F	Place		
2. The true name(s) and business address(es) or business under the assumed business name: Name Kauai Properties, LLC		ntity or individual(s) doing Complete Address 03 Hwy. 89, Fish Haven, ID 83287	
W 83001			
3. The general type of business transacted unde	r the a	ssumed business name is:	,
Retail Trade Transportation ar	nd Put	lic Utilities	alvi, see
Wholesale Trade Construction	 4		
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed: George Winquist		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
2695 Hwy. 89		(208) 334-2301	in the second
Fish Haven, ID 83267			,
5. Name and address for this acknowledgmen copy is (if other than # 4 above):			
		Secretary of State use only	
nature: Colgrature required; Colored Winquist	givoopytemeletin formeletin.p66 Revised 04/2003		
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pacity/Title: Manager (see instruction # 8 on back of form)	100	INNO SECRETARY 04/17/2009	# ### 95 : 9(

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