227	
CERTIFICATE OF	MEED EFFECT
ASSUMED BUSINESS NA	ME
Pursuant to Section 53-504 Idaho Code the week	
submits for filing a certificate of Assumed Business Please type or print legibly.	S Name. CECRETARY OF STATE
NOTE: See instructions on reverse before filin	g. STATE OF IDAHO
 The assumed business name which the undersign business is: 	-
CEDARBROOK HOMES	
The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
CEDARBROOK HOLDINGS LLC 228	E. PLAZA ST SUITE B # 220
W45727 EAG	LE 10 83616
The general type of business transacted under the	assumed business name is:
L Retail Trade Transportation and Pu	ublic Utilities
Services Agriculture	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
CEDARBROOK HOMES	Basement West
228 E PLAZA CE C	PO Box 83720
A28 E. PLAZA ST. SUITE B# 220 EAGLE, IO 83616	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
(1000) (1000) (1000) (100) $($	(2 <u>08) 340-873</u>
	Secretary of State use only
gnature:	
(signature required)	
inted Mame: <u>JA Son R, BUSH</u>	TRONG SERVETARY OF ATTAC
apacity/Title: <u>MANAGER</u>	IDAHO SECRETARY OF STATE 12/28/2005 05:00 (X: 645) (T. 1953) 05:00
(see instruction # 8 on back of form)	CK: 6451 CT: 195337 BH: 92879 1 @ 25.00 = 25.00 ASSUM NAME
	× ~
	1)44726