

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILEDASFECT

2003 FEB 18 PM 2: 39

SEC. SEARLY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: THE REAL ESTATE CONNECTION 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name **ROY SCHONS** P.O. BOX 72 POST FALLS, IDAHO 83877 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Manufacturing Mining Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: Basement West THE REAL ESTATE CONNECTION PO Box 83720 Boise ID 83720-0080 P.O. BOX 72 208 334-2301 POST FALLS, IDAHO 83877 Phone number (optional): 5. Name and address for this acknowledgment CODY is (if other than # 4 above). Secretary of State use only Signature: ____ (signature required) **ROY SCHONS** Printed Name: IDAHO SECRETARY OF STATE 02/19/2003 05:00 CK: 20074 CT: 158018 BH: 663646 1 8 20.80 = 20.00 ASSUM NAME # 2 **OWNER**

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