

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idaho Code, the undersigned FILED EFFECTIVE FILED EFFECTIVE FILED EFFECTIVE FILED EFFECTIVE AM 9 12

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Hen	dershot Homes
2. The true name(s) and business address business under the assumed business representation of the second s	• • • • • • • • • • • • • • • • • • • •
-	Submit Certificate of Assumed Business
Kemish Hendershot PO Box 1045 Fruitland, ID 83619	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledged copy is (if other than # 4 above):	gment Phone number (optional): 208-452-3115
	Secretary of State use only
gnature: (signature required) inted Name: Kemish Hendershot	Secretary of State

CK: 1537 CT: 158010 BH: 986458 1 0 25.00 = 25.00 ASSUM NAME # 2

